University of Alberta

Healing Honan: Canadian Nurses at the North China Mission, 1888-1947

by

Sonya Joy Grypma ©

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Faculty of Nursing

Edmonton, Alberta
Spring, 2005

Library and
Archives Canada

Published Heritage
Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et
Archives Canada

Direction du
Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

0-494-08242-9

Your file Votre référence
ISBN:
Our file Notre reference
ISBN:

NOTICE:
The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:
L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Canada

外國护士

廣新洲侯羅洪健書正黄旗人

ABSTRACT

The purpose of this study was to examine the professional lives of Canadian nurses in China during the sixty-year Missionary Era, from 1888 to 1947. It focuses on Canadian missionary nursing at the Presbyterian (later United Church of Canada) North China Mission (NCM) in the province of Honan. In 1888 Harriet Sutherland became the first Canadian nurse in China, and the first trained nurse to be sent from Canada to a foreign mission field. Over the next six decades, while China underwent a tumultuous transition from a dynastic kingdom to an independent republic, thirty Canadian nurses participated in the development of hospitals, nursing schools and public health programs in Honan. They endured revolution, warlord rule, Japanese invasion and civil war. The mission permanently closed after Communist troops occupied the NCM stations in 1947. The major theme threading through and emerging from this study is the "cloistered" nature of missionary nursing in North Honan. Physically and socially constructed walls formed a protected, creative space within which missionaries envisioned and developed a unique and progressive culture of medicine and health care. Using a rare and extremely rich data collection of public and private documents and photographs gathered from various Canadian archives and private family collections (including eighty-five photos presented here), this study offers an in-depth look at rich and subtle issues within Canadian missionary nursing during an unprecedented period of socio-political upheaval.

PREFACE

While browsing through archived copies of the *Canadian Nurse (CN)* journal for editorials by Ethel Johns, I stumbled across a letter written in 1938 by a Canadian nurse in China. In it, Jeannette Ratcliffe described her work as a nursing superintendent at a United Church of Canada missionary hospital in Weihwei, North Honan province, during the Japanese invasion of China.[1] As I continued to peruse *CN* journals between 1935 and 1950, I found a total of fourteen letters written from China. Although I had researched present-day missionary nurses as part of my Master of Nursing degree, I was not aware that there had ever been Canadian missionary nurses in China. Intrigued, I gathered copies of the letters into a chronological pile, settled into an overstuffed chair with a steaming mug of coffee, and began to read. My fascination grew as I read descriptions by Canadian nurses who took care of the wounded and dispossessed during the Sino-Japanese War of 1937-1945, taught nursing skills to Chinese refugees, were held as Prisoners of War, and who reestablished nursing services after the war. When I reached the last letter, written in 1947 by Louise Clara Preston,[2] my coffee was neglected and cold, and I was left with more questions than answers. Who were these nurses, and how did they come to work in China in the first place? What kept them there during such tumultuous times? What was their contribution to the development of professional nursing in China? Why did the letters stop after 1947? Considering how prominently Canadian missionary nurses in China were featured in the *CN* journals I reviewed, it seemed I should already know their history. Why had I not heard of them before? Captivated by the nurses' stories, tantalized by the gaps in their letters, and discomfited by my own ignorance of modern China history, I felt sure of just one thing: I had to know more.

---

[1] Jeannette Radcliffe [Ratcliffe], "War in Weihwei," *Canadian Nurse* journal [hereafter *CN*] 34, no. 7 (1938): 356-8.

[2] Louise Clara Preston, "Nursing in China," *CN* 43, no. 3 (1947): 217-8.

ACKNOWLEDGEMENTS

When people ask how I came across such an interesting research project, I must admit that I didn't set out to study Canadian missionary nurses in China. A serendipitous discovery of missionary letters from China in archived *Canadian Nurse* journals changed the direction of my doctoral studies and set the course for more than three years of intriguing research. I could not have imagined that a fascination with these missionary nurses would take me across the country, and half way around the world. As my stack of data grew, I was frequently surprised and delighted at the discovery of yet another twist to the story of these nurses' lives. Gathering their history into one cohesive whole has been a tremendous privilege. One of my greatest pleasures has been working with people and organizations whose enthusiasm and timely assistance made this project possible. I am indebted to a number of people who so freely gave of their time, energy and knowledge through the course of this project. Many of these were from the University of Alberta. I would not have even considered undertaking this research were it not for the inspiration of Dr. Janet C. Ross Kerr, whose dedication to nursing history is matched only by her keen interest in her students, and her ability to navigate novices through the complex world of professional scholarship. I cannot overstate how much I benefited from Dr. Ross Kerr's wisdom, encouragement, insight and practical advice throughout my doctoral studies. Dr. Pauline Paul has been a wonderful role model, guiding me through the process of archival research and offering timely advice. I have also appreciated the timely support of Dr. Margaret Haughey. Dr. Shirley Stinson helped me to establish contact with a number of individuals and organizations whose input became central to the study, including the Canadian Association for the History of Nursing and the British Columbia History of Nursing Professional Practice Group.

To my knowledge, all of the nurses named in this study are deceased. I am deeply indebted to the family and friends of missionary nurses who graciously participated in this study by sharing their memories and private collections of letters and photographs. Thank you to all who contacted me after reading an advertisement in the *United Church Observer*. Some respondents helped me to identify key people for interviews; others became participants themselves. Those whom I invited to participate in the study were invariably gracious and generous with their time and resources. Their participation helped bring the nurses to life. Muriel Gay and Irene Pooley were tireless in their collection of information about their Aunt Margaret Gay. Dr. Mary Struthers McKim was also an indefatigable resource. She and her cousin Isobel Struthers Staal provided documents and rare photographs of the North China Mission hospital work from their fathers, Dr. E.B. Struthers and Dr. Gordon Struthers. Doug and Ward Skinner worked closely with their mother Jean Skinner to collect and copy private letters and photographs from their great Aunt Clara Preston. Betty Beatty and Judy Preston lent me their copies of Preston Robb's self-published book on his Aunt Clara; Dr. Preston Robb later gave me a rare copy of my own. Elizabeth Mittler, Bob and Beth Quesnel, Mike Hoyer and Nancy Walkling helped me to locate copies of Honan missionary memoirs. Louise McLean offered insight into the life of her sister Florence MacKenzie Liddell, whose husband was made famous posthumously through the movie *Chariots of Fire*. Howard Parkinson and Rev. Doug Brydon gave insight into Janet Brydon. Yue Chi of Asian Adventure and Study Tours got me in contact with members of Coral Brodie's family; Arthur Kennedy, Dave Shepperd, Frances Fraser and Karen James helped to round out my understanding of Coral Brodie. Retired missionaries Lillian Taylor, Peter Nelson, Doris Weller, Hazel Page, Helen Bergen, Daphne Rogers, and Dr. Wilf Cummings shared stories of their own missionary experiences in China, Taiwan and Japan. Ms. Li Xiang Dong provided valuable assistance from China.

I am especially indebted to Margaret Gale Wightman. Margaret shared a wealth of personal documents, photos and a home movie from her parents, Dr. Godfrey and Elizabeth Thomson Gale. She also put me in touch with Elizabeth's sister Muriel. Most courageously, she allowed me – someone she had never met – to accompany her to China. It was Margaret's first trip back since leaving a Japanese Internment Camp in Shanghai in 1945.

Numerous archivists and assistants provided invaluable support in gathering data. I would especially like to thank Susanne Clark and Nancy Rosa from the United Church of Canada/ Victoria University Archives, Glennis Zilm and Ethel Warbinek who searched through the Vancouver General Hospital Archives, Anne Crossin from the Winnipeg General Hospital Alumnae Archives, Sister Rita McGuire from the Grey Sisters of Immaculate Conception of

Pembroke, Elysia DeLaurentis from the Wellington County Archives, Rose Carleton from the Overseas Mission Fellowship (formerly China Inland Missions), Greta Cumming who searched the National Archives of Canada, and Dr. Mark Steinacher and Richard Jackson from McMaster Divinity College. I would also like to thank Asia historians Dr. David Wright of the University of Calgary and Dr. Luke Kwong of the University of Lethbridge for formally sharing their knowledge with me through independent guided studies.

A number of organizations provided funding for this project through various scholarships, grants and awards. I am grateful to the Social Sciences and Humanities Research Council of Canada for a doctoral fellowship, and the Izaak Walton Killam Memorial Trust for a doctoral scholarship. I am also grateful to the Canadian Association for the History of Nursing for their Margaret Allemang Scholarship, the American Association for the History of Nursing for their Student Researcher Award, the Alberta Association of Registered Nurses Educational Trust for their Helen Sabin Award, the Faculty of Nursing at the University of Alberta for their Dr. Shirley Stinson History of Nursing Award and Isobel Secord Award, and the Faculty of Graduate Studies at the University of Alberta for their Province of Alberta Graduate Fellowship and Walter H. Johns Graduate Fellowship. Travel grants for research and conferences were provided by the Mu Sigma chapter of Sigma Theta Tau, a University of Alberta J. Gordin Kaplan Award, and a Student Travel Grant from the Associated Medical Services/ Hannah.

My family has provided encouragement and practical support throughout my studies. To my parents, Henk and Cobi Visser, thank you for your intense interest in this project and for indulging me through innumerable after-dinner discussions. Thank you also for moving in to take care of things when I traveled. To my brother Mike Visser and The Director's Chair in Calgary, thank you for your amazing expertise in video technology and for giving good advice about the importance of photographs. To our children Mike and Janessa, thank you for your constant reminder of the importance of play, for hugs, Monopoly, tag and movie nights. Finally, to my husband Martin Grypma, thank you for your constant encouragement, for taking time off work to take over household duties at particularly busy times, and for accompanying me to China, cameras in hand. Thank you for seeing the doors and holding them open.

TABLE OF CONTENTS

INTRODUCTION

Scope of Thesis.......................................1

The Missionary Nurse in Perspective: Themes in Mission Scholarship.......................2

Missionary Letters, 1935 – 1947.......................................18

Notes on Methodology.......................................36

Overview of the Chapters.......................................44

CHAPTER 1

FROM 1888 TO THE 1900 BOXER UPRISING: ONE STEP FORWARD, TWO STEPS BACK

Harriet R. Sutherland and the Honan Seven.......................................54

New Recruits Jennie Graham and Margaret McIntosh.......................................56

Margaret McIntosh: Sole Nurse for a Quarter-Century.......................................59

Missionary Medicine: To Heal and to Preach.......................................64

Caring for Strangers: A Christian Imperative.......................................72

Soul Sepsis and the Gospel of Soap and Water.......................................76

The Boxer Uprising.......................................79

"Our Thousand Miles of Miracle".......................................83

Summary.......................................87

CHAPTER 2

FROM 1901 TO THE 1920 MENZIES MURDER: VISIONS, INTERRUPTED

Picking up the Pieces.......................................94

The Noisome Pestilence.......................................95

Early Hospitals and Dispensaries.......................................100

Recognizing a Need for Modern Nursing Services.......................................104

The Second Generation of Nurses: McNeely, Gay and Ratcliffe.......................................106

The Great Movement Forward, Interrupted....112
The Menzies Murder....114
Summary....120

CHAPTER 3

FROM 1921 TO THE GREAT 1927 EXODUS: MODERN NURSING AT LAST

Canadian Interest in "Our China Missionaries"....126
The "Scientific Efficiency' of Honan Hospitals....129
The Arrival of Louise Clara Preston....132
The Demise of the Old Style Hospital....136
The New Weihwei Hospital and Nurses Training School....138
Registration with the Nurses Association of China (NAC)....145
Development of Modern Hospitals at Changte....146
Mishkids and the Menzies Memorial Hospital....148
Rising Nationalism and Anti-foreignism....153
Wedding Bells and the Case of Married Nurses....157
The Great 1927 Exodus....161
Summary....165

CHAPTER 4

FROM 1928 to the 1937 JAPANESE INVASION: GOLDEN YEARS

Winds of War....169
Vandalism and Looting at the NCM....173
Reopening the Hospitals....175
Margaret Gay: Planting a Bit of VGH in the Orient....177
Communication Breakdown....181
Restoring the Hospitals....183
Excitement and Innovation....185

The First District Auxiliary of the NAC........186
Treatment of Disease and the Kala Azar Success Story........188
Expanded Nurses Training........192
First Graduates of the Central Training School for Nurses........195
Ward Rounds at Changte........197
Public Health Work........198
Summary........201

CHAPTER 5

FROM 1937 to the 1940 EVACUATION ORDER: SCATTERED DREAMS

Outbreak of the Sino-Japanese War........209
Japanese Occupation of North Honan........214
Three Mishkids Appointed to Occupied China........215
Nursing Under Japanese Rule........219
Cheeloo Moves to Free China........221
The Anti-British Movement........222
Last NCM Closed........228
Scattered Dreams........229
Paralyzed Plans........232
West China Calling........236
Summary........239

CHAPTER 6

FROM 1941 TO THE 1945 LIBERATION: WAR YEARS

Behind Enemy Lines........246
From Honan to the West China Mission........249
"Hell Let Loose": Japanese Air Raids........254
Reunion at the West China Mission........258

Departures of Dorothy Boyd and Margaret Gay....259
Reverberations from Pearl Harbor....264
Left Behind....267
Prisoners of War....271
Clara Preston: The Last NCM Missionary Nurse in China....275
Summary....278

CHAPTER 7

FROM 1946 TO THE 1947 MISSION CLOSURE: THE LAST DAYS

Post War Planning....284
Reoccupation of the Mission Hospitals: An Expensive Prospect....286
Disappointment at Weihwei....289
Weihwei Hospital: Open for Business....293
Losing Hwaiking....294
Rehabilitating Changte....296
Clara Preston: Restoring Nursing Relationships....299
A Thief in the Night....304
Another Storm....308
Evacuation of Changte....310
The Confidential Report....311
Canadian Missions in China between 1947 and 1951....314
Summary....317

CONCLUSION: CREATING A CLOISTERED SPACE....325

EPILOGUE....340

BIBLIOGRAPHY

Primary Sources..348

Secondary Sources..354

APPENDICES

Appendix 1: List of Missionaries..359

Appendix 2: Ethics Approval..361

Appendix 3: Information Letter for Participants..362

Appendix 4: Consent Form..364

Appendix 5: Married Nurses..365

Appendix 6: Four Types of Missionary Nurses..366

Appendix 7: Missionary Nurse Education..367

Appendix 8: Summary of1947 Confidential Report..369

LIST OF TABLES

TABLE 7.1: Weihwei Reconstruction Costs in 1946 288

TABLE 7.2: Weihwei (Hwei Min) Hospital Expenditures July 1946 289

TABLE 7.3: Changte Hospital Financial Statement 297

LIST OF FIGURES

PREFATORY PAGES

Frontispiece: "Foreign Nurses" calligraphy, by award-winning Manchu artist Linhonghan Aixijuelou. Commissioned by author at Sichuan, 2003.

Map of China and Honan Province

INTRODUCTION

Figure I.1: Janet Brydon with Nursing Students....................19
Figure I.2: Louise Clara Preston....................21
Figure I.3: First Chinese Graduates....................24
Figure I.4: Mary Peters....................33

CHAPTER 1

Figure 1.1: Map of China with North Honan Insert....................55
Figure 1.2: Miss Pyke, Dr. Dow & Miss McIntosh WMS House, Changte c. 1903 60
Figure 1.3: Margaret McIntosh Before Retirement c. 1926....................62
Figure 1.4: Male Missionaries of Honan, 1893....................64
Figure 1.5: Dr. William McClure at a Village Inn....................67
Figure 1.6: Original Photograph Later Published as "Preaching to Patients"....................70
Figure 1.7: The First Convert: Chou Lao Chung....................71
Figure 1.8: 'Opium Fiends' c. 1900....................73
Figure 1.9: Bound Feet c. 1900....................73
Figure 1.10: Isolation Hospital Staff at Calgary....................74

CHAPTER 2

Figure 2.1: Female Missionaries c.1903 95
Figure 2.2: Isabella McIntosh, Jean Dow and Margaret McIntosh 96
Figure 2.3: Pre-1900 Homes of Honan Missionaries 98
Figure 2.4: Post-1900 Missionary Homes at Weihwei, along Wei River 99
Figure 2.5: Hwaiking Compound Residences 99
Figure 2.6: Dr. E.B. Struthers's Courtyard House at Tsinan 101
Figure 2.7: More Patients for Eye Treatment 102
Figure 2.8: Margaret Russel Gay 109
Figure 2.9: Jeanette C. Ratcliffe 111
Figure 2.10: Janet Lillian Brydon, Victoria Hospital, London ON c. 1910 113
Figure 2.11: Hwaiking in 1916 115
Figure 2.12: Dr. James Menzies in Memoriam 1920 116
Figure 2.13: Janet Brydon in China Garden 118

CHAPTER 3

Figure 3.1: Types of Hospital Buildings in China, 1920 131
Figure 3.2: Louise Clara Preston Wearing RVH Graduate Pin, 1922 133
Figure 3.3: E. Augustine Preston, Japan, 1888 135
Figure 3.4: New Hospital at Weihwei 139
Figure 3.5: New Hospital Ward at Weihwei 140
Figure 3.6: Jeannette Ratcliffe & Margaret Mitchell with Nurses before 1927 Evacuation 141
Figure 3.7: Mrs. Ratcliffe and Staff at Weihwei before 1927 Evacuation 143
Figure 3.8: NAC Certification Clara Preston 146
Figure 3.9: Jean McClure Menzies 149
Figure 3.10: Coral Brodie 150

Figure 3.11: Jean Menzies at Weihwei....152
Figure 3.12: Hwaiking Hospital in Pre-Nursing School Days....152
Figure 3.13: Inspection of the new Woman's Hospital, c 1926....156
Figure 3.14: Wedding of Handley and Jean (Menzies) Stockley, 1927....157
Figure 3.15: Anna Marion Fisher Faris....159
Figure 3.16: Wedding of Eric and Florence (MacKenzie) Liddell, 1933....161
Figure 3.17: Historic Last Meeting of the Honan Presbytery, Tientsin 1927....164

CHAPTER 4

Figure 4.1: Cheeloo University Campus....170
Figure 4.2: Canadian Group at Tsinan (Cheeloo)....170
Figure 4.3: Changte Women's Hospital Occupied by Soldiers, March 1930....173
Figure 4.4: Margaret R. Gay, Signed VGH 1926 Yearbook Photo....178
Figure 4.5: Margaret R. Gay VGH Nursing Pins....178
Figure 4.6: Cartoon from 1926 VGH Yearbook....180
Figure 4.6: Staff at Changte....184
Figure 4.7: 1937 Meeting of the First District Auxiliary of the NAC....187
Figure 4.8: Child with Kala Azar....189
Figure 4.9: Convalescing Kala Azar Patients, Weihwei, 1939....189
Figure 4.10: Clara Preston Escorting "Kala Azar Sufferers" to Gate, Changte....190
Figure 4.11: Operating Theatre at Weihwei....191
Figure 4.12: Miss Li and Classroom "Dummy," 1933....193
Figure 4.13: Hospital Staff at Weihwei, c.1935 – 37....194
Figure 4.14: Mrs. Ratcliffe at Well Baby Clinic, Weihwei....196

CHAPTER 5

Figure 5.1: South Gate, Weihwei Compound, November 1937 211
Figure 5.2: WMS Missionaries, Weihwei 1937 212
Figure 5.3: Preston and Gay Leaving on Furlough 1937 213
Figure 5.4: Elizabeth Thomson TGH Graduation 1935 217
Figure 5.5: LMS Picnic at Peitaiho, 1940 218
Figure 5.6: LMS Picnic at Peitaiho, 1940 219
Figure 5.7: Coral Brodie at Cheeloo 222
Figure 5.8: Foreign Devils 223
Figure 5.9: Anti-British Poster at Changte Men's Hospital 226
Figure 5.10: Brodie and Thomson at Cheeloo 1939 230
Figure 5.11: NCM Missionaries at Cheeloo c. 1930s 233
Figure 5.12: Farewell Party at Cheeloo 234
Figure 5.13: Letter by Coral Brodie September 1940 235
Figure 5.14: Thomson Gale Wedding, 1940 238
Figure 5.15: Boyd Stanley Wedding, 1940 239

CHAPTER 6

Figure 6.1: Susie Kelsey Winnipeg General Hospital 1923 250
Figure 6.2: Map of China 256
Figure 6.3: Margaret Gay with Refugee at Tientsin, 1940 259
Figure 6.4: Janet Brydon, Home Missions Portrait c. 1941 263
Figure 6.5: Godfrey, Betty and Margaret Gale at Cheeloo, May 1942 268
Figure 6.6: Mrs. Ruth Taylor Greets Mrs. D. G. Menzies 270

CHAPTER 7

Figure 7.1: New recruit Helen Turner....294
Figure 7.2: Cholera and War: In Full Collaboration....298
Figure 7.3: Folding organ (Concertina) Used in China in 1930s....300
Figure 7.4: Helen (Turner) Nelson on Wedding Day, Tsinan, June 1950....316

EPILOGUE

Figure E.1: New Church at Anyang, 2003....344
Figure E.2: Former Weihwei Hospital, 2003....346

LIST OF ABBREVIATIONS

Cheeloo: Shantung Christian University

CIM – China Inland Mission

CMA – Christian Medical Association of China

CMMA – Chinese Medical Missionary Association

CN – *Canadian Nurse* Journal

FAU – Friends Ambulance Unit

FMB – Foreign Mission Board (originally Foreign Mission Committee)

GMA – Glenbow Museum and Archives, Calgary, Alberta

HMCR – Honan Mission Chronological Record

ICN – International Council of Nurses

JWSL – J W Scott Library, University of Alberta, Edmonton, Alberta

LMS – London Missionary Society

NCM – North China Mission (originally Honan Mission and/ or North Honan Mission)

NAC – Nurses Association of China

NAOC – National Archives of Canada, Ottawa, Ontario

OMB – Overseas Mission Board (also called FMB)

PUMC – Peking Union Medical College

SCM – South China Mission

TGH – Toronto General Hospital

UBC – University of British Columbia

UCCVUA – United Church of Canada/ Victoria University Archives, Toronto, Ontario

VGH – Vancouver General Hospital

WCUU – West China Union University

WCM – West China Mission

WCMA – Wellington County Museum and Archives, Ontario

WGH/HSCA – Winnipeg General Hospital/ Health Sciences Center Archives, Manitoba

WMS – Woman's Missionary Society (originally Woman's Foreign Missionary Society)

NOTES ON SPELLING

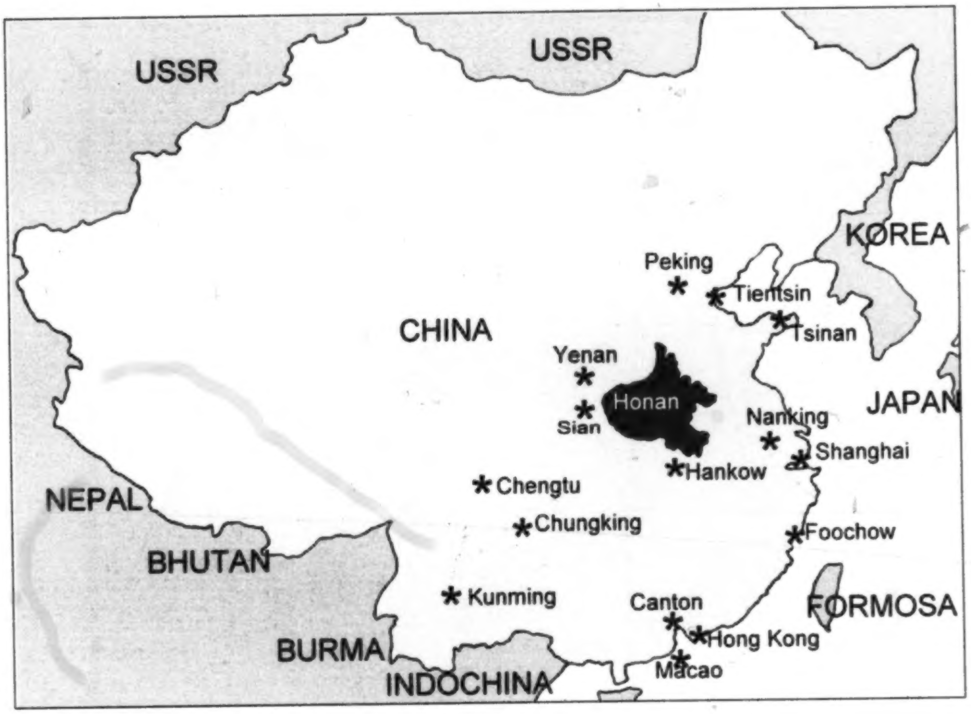
English readers can easily become confused by the various spellings of Chinese names and places. Although the 'pin yin' system is used today, this study will use the 'Wade-Giles' system developed by Victorian linguists Sir Thomas Wade and Professor Herbert Giles and familiar to foreigners in China during the period under study.[12] Where known, contemporary or pin yin spellings will be added in brackets the first time they appear.

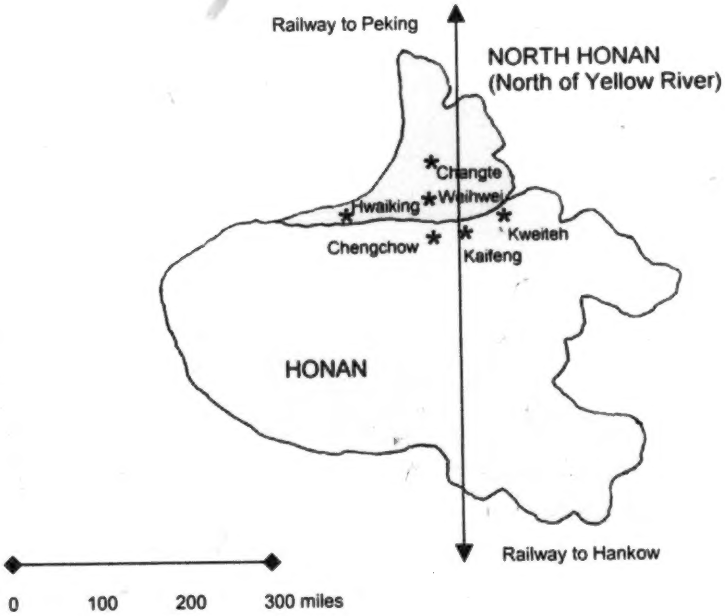
PROVINCES		CITIES	
Wade-Giles/ Common	***pin yin***	**Wade-Giles/ Common**	***pin yin***
Anhuei	*Anhui*		
Fukien	*Fujian*	Foochow	*Fuzhou*
Honan (North)	***Henan***	**Changte**	***Anyang/Zhangde***
		Weihwei	***Weihui/ Xinxiang***
		Hwaiking	***Huaiqing***
Honan	*Henan*	Chengchow	*Zhengzhou*
		Kaifeng	*Kaifeng*
Hopei	*Hebei*	Peking/ Peiping	*Beijing*
		Tientsin	*Tianjin*
Kiangsu	*Jiangsu*	Nanking	*Nanjing*
Kuangtung	*Guangdong*	Canton/ Kwangchow	*Guangzhou*
		Kongmoon	*Jianmen*
		Hong Kong	*Hong Kong*
Hupeh	*Hubei*	Wuhan/ Hankow	*Wuhan/ Hankou*
Kweichou	*Guizhou*	Kweiyang	*Guiyang*
Manchuria	Northeastern Provinces	Lukouchiao	*Lugouquiao*
		Mukden	*Shenyang*
		Harbin	*Harbin*
Shansi	*Shanxi*		
Shantung	*Shandong*	Tsinan	*Jinan*
		Weihsien	*Weixian*
Shensi	*Shaanxi*	Sian	*Xian*
		Yenan	*Fu-Shih*
Szechwan	*Sichuan*	Chengtu	*Chengdu*
		Chungking	*Chongqing*
		Wanhsien	*Wanxian*
Yunnan	*Yunnan*	Kunming	*Kunming*
Formosa	*Taiwan*	Taipei	*Taibei*

---

[1] Peter Stursberg, *No Foreign Bones in China: Memoirs of Imperialism and Its Ending.* (Edmonton: University of Alberta Press, 2001), xv. The Wade-Giles system was replaced by pin yin in the 1960s.

MAP OF CHINA and HONAN PROVINCE


USSR
USSR
KOREA
Peking
Tientsin
Tsinan
CHINA
Yenan
Honan
Sian
JAPAN
Nanking
Shanghai
Hankow
Chengtu
NEPAL
Chungking
Foochow
BHUTAN
Kunming
Canton
FORMOSA
Hong Kong
BURMA
Macao
INDOCHINA


Railway to Peking
NORTH HONAN
(North of Yellow River)
Changte
Weihwei
Hwaiking
Kweiteh
Chengchow
Kaifeng
HONAN
Railway to Hankow
0
100
200
300 miles

INTRODUCTION

Brother, if you would enter that Province [Honan],
you must go forward on your knees.

-Hudson Taylor to Jonathan Goforth, 1888.[1]

From the perspective of the Canadian nurses who practiced in China under the auspices of the Woman's Missionary Society (WMS) of the Presbyterian (later United) Church of Canada at the North China Mission (NCM) between 1888 and 1947, missionary nursing was a dangerous and uncertain profession. Periods of growth and progress were punctuated by crises that brought the mission to a standstill – and missionaries "to their knees." In 1888, China Inland Mission founding father Hudson Taylor predicted turbulent times ahead when he cautioned young Jonathan Goforth of the dangers and anti-foreignism prevalent in Honan [Henan]. His advice to the pioneer Canadian missionary to "go forward on your knees" became a slogan for early North China missionaries. On such a dire and expectant foundation, the NCM was built.

Scope of Thesis

The purpose of this study was to examine the professional lives of Canadian nurses in China during the sixty-year Missionary Era, from 1888 to 1947. It focuses on Canadian missionary nursing at the Presbyterian (later United Church of Canada) North China Mission in the province of Honan. In July 1888 graduate nurse Harriet Sutherland became the first Canadian nurse in China, and the first trained nurse to be sent from Canada to a foreign mission field. Over the course of the next six decades a total of twenty-one unmarried nurses were sent to North China under the auspices of the Woman's Missionary Society. Although this group of WMS nurses is the main focus of this thesis, other nurses whose lives significantly intersected with the North China Mission were also incorporated into the study, including eight married nurses who came to China with their missionary husbands and one Anglican nurse who worked across the Yellow River from the North China missionaries – bringing the total to thirty nurses [See Appendix 1: List of Missionary Nurses]. Between 1888 and 1947, China was going through a tumultuous transition from a dynastic kingdom and semi-colonial nation to an independent republic. Those living in China – including missionary nurses – endured revolution, warlord rule, Japanese invasion and civil war. When Communist soldiers attacked Weihwei in 1947, the North China Mission permanently closed. By examining missionary nursing at one Canadian mission site in China during the Missionary Era, this study allows for an in-depth look at rich and subtle issues within Canadian missionary nursing during an unprecedented period of socio-political upheaval.

The Missionary Nurse in Perspective: Themes in Mission Scholarship

Before examining the professional lives of Canadian missionary nurses at the North China Mission between 1888 and 1947, it is important to understand where these nurses fit into the overall picture of Canadian nursing in China during the Missionary Era. Although no comprehensive studies of Canadian nurses in China have been published, it is possible to create a rough portrait of Canadian nursing in China between 1888 and 1952 by piecing together fragments of nursing history scattered throughout Canadian mission scholarship, including emerging research on Canadian Methodist nurses in the China province of Szechwan [Sichuan].[2] The Canadian presence in China was most recognizable through five main missions: The Canadian Presbyterian mission in North Honan (est. 1888), the Canadian Methodist mission in Szechwan (est. 1891), the Canadian Presbyterian mission in Kuangtung (est. 1902), the Catholic mission in Chekiang (est. 1902), and the Anglican Church of Canada mission in Honan (est. 1910).[3] The Presbyterians had another mission on the island of Formosa (est. 1870), but the eccentricity of its founder George Leslie McKay, its remoteness from Mainland China, and its continuance with the Presbyterian Church after "Union" kept Formosa on the fringe of Canadian missions.[4] The union of the Methodists and Presbyterians into one United Church of Canada (UCC) in 1925 set the UCC apart as the largest Canadian mission in China -- with sites in North Honan (UCC North China), Szechwan (UCC West China) and Kuangtung (UCC South China). Predictably, UCC missions figure dominantly in Canadian mission historiography, and the UCC was the largest Canadian employer of Canadian nurses in China.

Canadian churches were not the only organizations to support Canadian nurses in China. Other sponsoring agencies included the British-based interdenominational China Inland Mission, the (Communist) Aid to China Council, and the United Nations Relief and Rehabilitation Agency. From the founding of the Presbyterian mission in North Honan in 1888 to the ending of the Missionary Era in 1952, an estimated one hundred or more Canadian nurses developed nursing schools, administrated hospitals, and provided public health services in at least nine provinces of China. They could be found in China during periods of anti-foreign violence, civil wars, Japanese invasion, foreigner internment and the ultimate Communist victory in 1949. Most references to Canadian nurses are in association with protagonists of the Missionary Era: Some were close colleagues of prominent Canadians like Dr. Norman Bethune (Jean Ewen), Dr. Bob McClure (Coral Brodie, Jean Menzies), and Rev. Jonathan Goforth (Margaret Gay). Others were married to famous expatriates, like Eric Liddell of *Chariots of Fire* fame (Florence Mackenzie). Still others were descendants of pioneering China missionaries, including Drs. Omar and Retta Kilborn (Cora Kilborn).[5] The majority of Canadian nurses worked in modern hospitals established by Presbyterian, Methodist and Anglican, missions in Szechwan, Kuangtung [Guandong], Honan and Formosa [Taiwan]. Smaller groups worked in Catholic dispensaries – like the Grey Sisters of Immaculate Conception of Pembroke, Ontario who provided medical services in Chekiang between 1929 and 1952.[6] A further, inestimable number of Francophone and Anglophone nurses worked in French, American and British hospitals scattered throughout China.[7] Canadian nurses were well represented in China: Such a ubiquitous group deserves historic attention. Yet their work, like that of other Canadian nurses who have worked internationally, has been largely unexamined.

It is commonly acknowledged that religious women influenced the development of nursing in North America, and that Western missionary nurses initiated programs of professional nursing in many "developing" countries.[8] However, the professional lives of Canadian missionary nurses are poorly understood, and their contribution to the development of professional nursing internationally has gone virtually unnoticed. In the literature, Canadian nurses remain little more than a collective backdrop to the dramatic reminiscences of prominent Canadians who lived – and died – during the Missionary Era in China.[9] Canadian nurses are acknowledged, but not the subject of in-depth study: They have been included in studies of Canadian missionary women in India and the Orient before 1925, of Canadian medical missions in North Honan before 1900, and of medical missions at Szechwan and Kuangtung before 1937.[10] Although Canadian researchers have recently profiled a Canadian nurse at the UCC West China mission, and are beginning to research Canadian nurses at Szechwan, Canadian missionary nurses at North Honan have been hitherto unexamined.[11]

When historian Alvyn Austin used the phrase "Florence Nightingales of the Orient" in 1986 to describe some Canadian missionary women in China, he was not referring to Canadian nurses, but rather, "lady physicians."[12] In China mission scholarship, the work of nurses is eclipsed by studies of the work of physicians, evangelists, politicians, and mission boards. Although many scholars acknowledge the existence of Canadian nurses, their professional work is generally subsumed into comprehensive overviews, case studies of particular missions, analyses of gendered roles, and biographical studies of prominent men. Gleaning strands of information about Canadian nurses from the dense field of mission scholarship is laborious, yet existing scholarship provides a rich context within which to understand nurses' professional lives. What follows is an examination of distinct ways in which Sino-Canadian (i.e.: China-Canadian), feminist and nursing scholars have approached historical research of Canadians in China, and how their scholarship has influenced current understandings of missionary nurses in China.

China Missions and Sino-Canadian Scholarship

Many different historians have contributed to Sino-Canadian scholarship. Included in this section is research by historians whose contributions to Canadian mission scholarship are widely recognized, including Alvyn Austin, Yuet-wah Cheung, Stephen Endicott, Peter Kong-Ming New, Malcolm Scott, Peter Stursberg, and Yong Wang.[13] One striking characteristic of these scholars is their personal connections to missions in China. For example, Peter New's grandfather was among the first group of Chinese boys sent to study in the United States in 1872, and his father – one of the first Chinese to receive the MD degree from Harvard Medical School – became a prominent figure in early Western medicine in China.[14] Yuet-wah Cheung was New's doctoral student. Historians Endicott, Stursberg and Austin spent their childhoods as Canadians in China: Endicott's grandfather arrived in China as a Methodist missionary in 1895, and his father became a UCC missionary in 1925; Stursberg's grandfather was a marine captain working in China in the mid 1800s, and his father was a China Postal Commissioner; and Austin was a 'mishkid' (missionary kid) who lived in China until age six.[15] The intercultural experiences of these authors may account for their collective insight into Sino-Canadian relations before 1950.

From the perspective of historians of nursing, the most valuable studies are the comprehensive reviews by Alvyn Austin, Peter Stursberg and Yuet-wah Cheung. In the first Sino-Canadian study under review – a richly detailed book entitled *Saving China: Canadian Missionaries in the Middle Kingdom, 1888 –1959* -- Alvyn Austin chronicles Canada's sixty year Missionary Era.[16] Austin gives voice to a wide range of missions, from the well-known UCC to lesser-known *Missions-Estrangeres*. Throughout, Austin emphasizes the experiences of individual Canadians, paying particular attention to how they responded to China's changing political and social life. He makes mention of West China mission nurse Caroline Wellwood (Szechwan) and Grace Emblem (an inadvertent participant in the Communist Long March), and provides details of Anglican mission Susie Kelsey's Prisoner of War experience (Honan).[17] By emphasizing diversity and particularity, Austin underscores the complexity of the Missionary Era, and paves the way for further studies.

One book reviewer criticized Austin for his tendency to "downplay important issues in mission history" such as cultural imperialism.[18] This criticism reflects the prevailing emphasis in China historiography on foreign hegemony and the connection between missions and colonialism.[19] British imperialism was at its peak by the time Canadians arrived in China in 1888. China had already been forced into a series of unequal treaties after losing two Opium Wars against Britain. Under these treaties, Chinese citizens not only had to tolerate Christianity, they had to provide official protection to missionaries and their converts. As British subjects, Canadian missionaries in China benefited from the worst form of cultural imperialism – that is, a violently gained and defended right to propagate a 'superior' religion and culture. Although understanding the sociopolitical structures that supported Canadian's privileged position in China is key to any study of Canadian missionaries, Austin's emphasis on the extensiveness of missions is vital to an understanding of Canadian missions as a whole. Austin leaves it up to readers to judge the morality of Canadian participation in the Missionary Era.

In the second Sino-Canadian study under review, journalist Peter Stursberg examines the nature of Canadian Presbyterian, Methodist and Anglican missions in his book *The Golden Hope: Christians in China.*[20] Stursberg depicts these three missions as a microcosm of the 'great campaign' by the Protestant powers to bring the Gospel to China and to make it part of Christendom. By the late 1800s, having a China mission had become a Protestant religious status symbol. Swept up in the missionary fervor sparked by the Student Volunteer Movement of the 1880s, unprecedented numbers of Canadian youth committed to "evangelization of the world in this generation" (p. 21). By 1891, two separate groups of well-educated Canadians (Methodist and Presbyterian) had sailed to China with the goal of establishing mission stations from which to propagate the Christian Gospel. Canadians were preceded by almost half a century by British and American Protestant missionaries who, by the late 1880s, were well established in the cosmopolitan treaty ports. As relative newcomers to the missionary enterprise, Canadians were required to stake their claim in the poorer and dangerously anti-foreign interior regions of the country. Because they were British subjects, Canadians were entitled to extraterritoriality rights (such as gunboat protection) should they run into "trouble" with the Chinese. The Ch'ing [Qing]-supported Boxer Uprising in 1900 was one occasion during which foreigners redeemed their "extrality" privileges, with devastating results for the Chinese.[21]

Periodic waves of political uprising and anti-foreignism in China precipitated evacuations of missionaries from the interior to the relative safety of the treaty ports. The "Great 1927 Exodus" was prompted by events leading to Chiang Kai-shek's establishment of a Nationalist government in Nanking. Since the demise of the Chi'ing Dynasty in 1911, individual warlords had been controlling separate regions in China. By 1925, Communists and Nationalists were working together (as "Kuomintang") to take over the divided regions, and unite China under one government. Growing anti-imperialist nationalism peaked between 1925 and 1927.[22] By the time Chiang Kai-shek's army seized Nanking in 1927, more than eight thousand foreign missionaries had evacuated their missions; three thousand never went back.[23] The UCC West China mission lost forty missionaries (roughly 25% of its workforce); UCC South China lost three of seven medical missionaries (43%) and UCC North China in North Honan lost twenty of ninety-six missionaries (21%).[24] When Nationalist troops in Nanking attacked foreign consulates, looting foreign property and killing seven foreigners, the European troops anchored in the treaty ports did not mount a reprisal attack. This signaled the first success of the revolutionaries against foreign domination and the first step toward "imperial oblivion."[25]

The Nanking Decade (1928 – 1937) was characterized by relative peace, and the missionary enterprise flourished. Peace ended, however, with Japan's invasion and the subsequent Sino-Japanese war (1937 – 1945). When the Japanese were defeated in 1945, peace still eluded China: Old tensions between the Communists and Nationalists resumed, triggering a civil war that lasted until the Communist victory in 1949. During these tumultuous years, the main work of missionaries was caring for the wounded and dispossessed. The UCC North China mission in North Honan witnessed some of the fiercest fighting of the civil war.

When Communists launched a major attack on Weihwei in 1947, the mission was evacuated. The Nationalists took over the mission compound, turning it into a military target. The mission was never reopened. Despite the closure of UCC *North* in 1947, new missionaries were still arriving to work at UCC *West* as late as November 1949 – one month after the Communist takeover of China. Initially the Communist government allowed missionaries to continue their medical and education services, but after the outbreak of hostilities in Korea in 1950, all foreign activity in China was brought to a halt. Although many missionaries had already left China by 1952, those remaining were expelled.

According to Stursberg, Canadian missions in China were characterized by an emphasis on medical care. Among the first Methodist and Presbyterian missionaries were physicians who were also ordained ministers. Missionaries believed that those who experienced physical healing would more easily receive the Gospel message: By healing bodies, medical missionaries could "open hearts to Christ." [26] Although the Methodist mission in Szechwan embraced medical missions, the Presbyterian mission in North Honan was divided on the issue. For example, when two Montreal physicians arrived in 1906 to find Honan "totally lacking in nursing service", they rallied for attention to be paid to the need for modern facilities.[27] Initially the Honan Presbytery agreed to raise funds to improve four hospitals, but after pressure from evangelist Jonathan Goforth, the proposal was turned down as having "materialist" and "non-religious" purposes. Eventually, however, North Honan embraced medical services as legitimate expressions of the Gospel, rather than simply means to an evangelistic end.

In the third Sino-Canadian study under review, sociologist Yuet-wah Cheung examines missionary medicine at the UCC West (Szechwan) and UCC South (Kuangtung) missions before 1937 for his doctoral study entitled *Missionary Medicine in China.*[28] Taking a sociological approach to determine whether medical missionaries were successful change agents, Cheung evaluates Canadian missionaries' ability to effect change. He concludes that foreign missionaries were successful in introducing modern medicine into China, but that their efforts were sporadic and localized, and did not improve Chinese health as a whole. Although medical missionaries had been in China since 1835, China did not officially recognize Western medicine until after it proved itself during the pneumonic plague in Manchuria (1910 – 1911). Afterwards, China became heavily dependent on foreigners to build the infrastructure of modern medicine. Hospitals and dispensaries run by the UCC West and UCC South missions became the major or sole source of modern health care in their regions. Although the Nationalist government made ambitious health plans to establish a national health care scheme after 1928, these remained largely unfulfilled, leaving existing medical facilities – however inadequate – as the backbone of modern health care in China. Despite their success in introducing modern medicine to China, Cheung contends that medical missionaries ultimately failed because the extent of change they achieved was disturbingly small. He identifies five reasons that Canadian missionaries did not make a larger impact on Chinese health. First, their instrumental goal of "winning souls" was at odds with public health work: Only curative medicine served evangelistic purposes. Second, the serious shortage of manpower and finances limited public health, and medical education. Third, missionary doctors preferred to work in hospitals because this is where they could influence patients to join the church. Fourth, there was little empathy and homophily (resemblance due to common ancestry) between missionaries and their Chinese patients. Finally, missions failed to mobilize financial support from the Chinese because their high standard of living and "flamboyant" facilities obscured any financial difficulties missions may have experienced.

Sino-Canadian scholars conclude that Canadians were failures at evangelism, but somewhat successful in providing illness and injury care. In Sino-Canadian scholarship, missionary nursing is portrayed as an ancillary arm of missionary medicine; missionary nurses were passive partners with similar aims and prone to similar pressures. The risks were high: Jeannie Graham left North Honan in 1890 due to mental strain, Grace Emblem was swept up in the Long March of 1934, and Susie Kelsey became a Prisoner of War in 1941.[29] Overall, however, Sino-Canadian scholarship is silent about Canadian nurses and their professional work. Such silence suggests, in part, that nurses were accorded low status in mission organizations. While it might be assumed that nurses would have low status related to their gender (there is no evidence of male missionary nurses), gender bias does not fully account for the silence: Despite an estimated MD: RN ration of 1:4, greater attention is paid to female physicians than nurses in mission scholarship.[30] The silence surrounding nurses in Sino-Canadian scholarship raises questions about power relationships in missions – questions well suited to feminist scholarship.

China Missions and Feminist Scholarship

The invisibility of Canadian nurses in Sino-Canadian scholarship parallels the invisibility of women, and of nurses, in general historiography.[31] As a work force primarily comprised of women, nursing has been susceptible to biases associated with gender.[32] Because feminist historians aim to illuminate the interaction between women and social structures dominated by men, they are particularly well suited to explore the question of power relationships in mission work. [33] Included in this review are three studies of missionary women by Jane Hunter, Rosemary Gagan, and Ruth Compton Brouwer. In the first feminist study under review – a ground-breaking book entitled *The Gospel of Gentility: American Women Missionaries in Turn of the Century China* – Jane Hunter documents the surprisingly genteel lives of Protestant American women missionaries in China. [34] Missionary women had been encouraged to go to China because males could not access Chinese women. By 1890, married and single women comprised 60 percent of the mission force in China. These American women found a unique opportunity to wield authority in China. Married women had cooks for their American diets, nannies for their children, coolies for their heavy loads and houseboys for the housework. Influenced by the British society in the internationalized treaty ports where they resided, some acquired upper-class standards of refinement – which included maintaining strict social separation from the Chinese. These women came to view the Chinese as particularly suited to menial work, seldom considering that institutionalizing racial hierarchies in their homes might compromise their missionary work.

Within the foreign missionary society hierarchy, single missionary women had low social standing. They were viewed as less feminine, unattractive and unrefined. Yet, single women had the opportunity to fulfill vocational aspirations that married women did not, since husbands and mission boards chivalrously discouraged both physical and mental strain of wives. While the single Christian women who went to China were not self-consciously feminist, this was an unprecedented, socially sanctioned opportunity for them to preach, teach and practice medicine without opposition from familiar patriarchal structures. Mission service could be a retreat from conventional marriage pressures and an opportunity to pursue a complex calling which was, in part, a commitment to self-determination. Hunter's main aim was to identify and expose inequitable powers structures inherent in missionary women's life patterns, and she presents a well-supported argument that inequity existed between men and women missionaries, between single and married women, and between missionaries and the Chinese. Over time, Hunter contends, the goal of missionary work for women changed from the salvation of souls to the maintenance of the missionary presence – less in preparing God's kingdom than in managing a domestic empire which exploited it. Because of hierarchical social structures unique to China, missionary women lost Christian and evangelistic purpose, but gained power and self-determination. Hunter's *The Gospel of Gentility* has become the touchstone for feminist scholars studying missionary women, and her influence is readily seen in both Brouwer and Gagan's doctoral studies of Canadian missionary women.

In the second feminist study under review – entitled *New Women for God* – Ruth Compton Brouwer studied Canadian Presbyterian women's involvement in missions between 1876 and 1914.[35] Although focused on India, Brouwer sheds light on the Western Division Woman's Foreign Missionary Society (WFMS), which also sent missionaries to China. According to Brouwer, a woman's decision to become a missionary was influenced by factors such as religious upbringing, exposure to popular evangelists, and participation in interdenominational youth movements. "Missionary propaganda" emphasized women's particular obligation to spread the gospel since women had the most to gain from Jesus' teachings on the equality of women, their "heathen sisters" had great spiritual and social needs, and converting women to Christianity would multiply into conversion of families and eventually, the nation. Mission work was understood as an expression of personal religious faith and altruism. The belief that missionary work was God's will empowered women to leave security and familiarity for distant and hazardous lands. Prospective missionaries typically spoke of a longing to spread knowledge of Christianity and provide Christian service. However, Brouwer points out that their religious motivation cannot be neatly separated from the allure of career opportunities or romantic adventures. For single women facing spinsterhood, missions offered possibilities not otherwise available, including positions of authority in their mission field, and celebrity status in Canada. Brouwer evaluates mission service in terms of how missionaries themselves were positively transformed. For example, many WFMS missionaries who left Canada with simple, arrogant beliefs about "the heathen" found that, over time, these beliefs emerged into more complex understandings as they came to know non-Christians and learn something of another culture.

In the third feminist study under review – entitled *A Sensitive Independence* – Rosemary Gagan focused on the more than 300 single women hired through Woman's Missionary Society (WMS) of the Canadian Methodist Church from its inception in 1881 until it was absorbed into the United Church of Canada WMS in 1925.[36] These missionaries included physicians, nurses and teachers working in China, Japan and remote parts of Canada. In trying to understand the motivation of women missionaries, Gagan mirrors Hunter's interest in demographic background, family structure and education, training and life cycles, and Brouwer's interest in altruism and a deeply rooted sense of Christian vocation. Before the turn of the century, mission candidates were selected on the basis of their staunch Christian conviction. Later, missionaries were required to have a good education and professional experience. WMS missionaries emerged as an "elite well-educated middle-class company of pious single women drawn largely from the small towns and rural areas of Ontario and the Maritimes."[37] Like Presbyterian missionaries, Methodist missionaries were socialized in the church, and influenced by youth organizations. Their most enduring incentive for missions, however, was a requisite call from God – exquisitely felt, earnestly received and readily testified. Experiencing this call marked an entry into a select club of women who shared a common bond of assurance of salvation and purpose in life.

Once they arrived in their fields, WMS missionaries became overwhelmed with fear. They became concerned for their safety, their works' success, and the spiritual and moral well being of their constituents. They "reverted to an unwavering dependence and trust in Jesus and God as their own personal protectors", sometimes to the point of "abdicating any responsibility for, or control over, their own actions.[38] Work in West China was particularly difficult: The lives of WMS missionaries Amelia Brown and Jennie Ford illustrate why about 20 percent of WMS West China missionaries were 'lost' to physical and mental breakdown – and death – between 1891 and 1925. Brown, a "woman with no medical qualifications," was grudgingly hired by the WMS because it was unable to find a female physician in 1891.[39] Within months of sailing to China, Brown became engaged to Canadian physician David Stevenson, effectively and disappointingly 'defecting' from the WMS, although remaining at the West China Mission. Jennie Ford, the first Canadian nurse at the West China Mission, arrived in 1894 to assist the new WMS physician Retta (Gifford) Kilborn. In 1895, WMS missionaries faced the startling charge of eating babies and digging out their eyes for medicine: The Chinese believed that "foreign barbarians" ate the flesh of human beings and kidnapped children. Accordingly, placards were hung during a Dragon Boat festival warning the Chinese to watch their children, lest the missionaries kidnap and roast them. A threatening mob formed around the missionaries, eventually destroying the mission compound. In the initial rioting, Amelia Brown Stevenson was beaten and her child temporarily lost. Although the missionaries were evacuated to Shanghai, along the way Brown suffered a nervous breakdown. She did not return to West China. In 1897 Jennie Ford died of meningitis.

Missionary work was risky: High degrees of passion, education and experience could not shield early women missionaries from its inherent dangers. WMS women dealt with the realities of Chinese society matter-of-factly, putting the best possible face on the situation for the Canadian public, often concealing the risks they took in the name of Christ. According to Gagan, WMS missionaries succeeded best when their expectations and abilities addressed "real needs." When medical missions were given increasing legitimacy in the early 20th century, WMS missionaries in West China found a tangible place to invest their energies by participating in the development of a woman's hospital and a training school for Chinese nurses. The hospital gave visible meaning to the missionaries' commitment. By 1925, WMS missionaries had found a way to "turn their passion for Christian social activism into an instrument to advance their own personal independence, professional development, and social standing."[40]

Feminist scholarship contributes to an understanding of early women missionaries as religiously devout women whose experiences of missionary life contradicted their initial expectations. All expected evangelistic success, yet few achieved it. Early Canadian missionary nurses were part of a gendered group whose experience was distinct from American missionaries: The lifestyle of relative ease for American missionaries in the cosmopolitan treaty ports is in sharp contrast to that of early Canadian missionaries in China's harsh interior, who struggled through periods of violence and threats of disease. As missions shifted their focus from evangelism to medical service, Canadian missionaries found their niche, enjoying some of the same benefits as their American counterparts, including independence, professional advancement and increased social status. Feminist scholars judge missionaries' success in terms of their ability to adapt to the ever-changing cultural demands while still providing meaningful service. Canadians who endured and adapted were rewarded by a profound sense of purpose.

Feminist scholarship forms a foundation for further studies of missionary women in general, and of missionary nurses in particular. Yet, by incorporating nursing into the broader missionary experience of women, feminist scholarship necessarily overlooks particularities of Canadian nursing experience, raising questions about the relationship between female physicians and nurses, the influence of the philosophical shift in missions from religious to social aims, and the relationship between missionary nurses and the development of professional nursing in China – questions well suited to nursing scholars.

China Missions and Nursing Scholarship

Very few nursing scholars have focused on the history of the profession in China. Of seven studies reviewed, those by Kaiyi Chen, Liu Chung-tung, Janet Beaton and Marion McKay are particularly relevant, because they discuss the relationship between foreign nurses and the development of nursing in China.[41] Compared with the 300 to 400 page volumes typical of Sino-Canadian and feminist scholarship on missions, nursing scholarship is meager: The largest publication under review is a twenty-seven-page journal article. Because nursing studies are relatively recent, it is not surprising that nursing scholars draw themes from extant Sino-Canadian and feminist scholarship. What is surprising is the dichotomy between dominant themes: Foreign nurses are portrayed as emancipators and oppressors, secular and religious, colonialists and catalysts. Such dichotomy highlights the tension inherent in missionary nursing.

The only published study to date on Canadian missionary nursing is by Janet Beaton and Marion McKay.[42] In it they outline the professional life of Caroline Wellwood, a nurse at the Canadian Methodist (later UCC) West China Mission in Szechwan between 1906 and 1942. Caroline Wellwood fits Rosemary Gagan's description of early missionary women as rural, determined, independent, and interested in the emancipation of women. Her professional accomplishments affirm Brouwer's description of missions as a socially sanctioned outlet for ambition and energy for unmarried women. Wellwood achieved much during her tenure in China: She envisioned, negotiated for and furnished the WMS hospital for Women and Children; she initiated, administrated and wrote textbooks for the nursing school; she pursued and gained national standing for her nursing program through registration with the Nurse's Association of China (NAC); she oversaw construction and expansion of the hospital and nursing residence; she established a hostel for Chinese refugees during the Sino-Japanese War; and she served on a committee to establish a baccalaureate-nursing program. Despite Wellwood's professional success, her contribution has gone unnoticed: Rosemary Gagan names three female physicians involved with the WMS West China hospital and nursing school, but does not name Wellwood;

and Alvyn Austin has a photo of Caroline Wellwood and Chinese nurses in 1917, but makes no mention of her in the text.[43] By giving Carolyn Wellwood her due recognition, Beaton and McKay contradict the prevailing assumption that nurses did not have powerful, pivotal roles in missions.

Kaiyi Chen authored two studies under review – one on missionaries and the early development of nursing in China, and one on the Rockefeller Foundation's influence on nursing in China.[44] Focusing mostly on American nurses, Chen credits the dedication of trained missionary nurses for the birth and incipient growth of the nursing profession in China. Elizabeth McKechnie was the first Western-trained nurse to come to China, arriving in Shanghai in 1884. By 1889 American and British missionaries were providing nurses' training, mostly in coastal cities. In 1908 and 1909, a group of leading missionary nurses formed the loosely organized Nurses Association of China (NAC), to which American nurse Nina Gage was elected as the first president in 1914. The purpose of the association was to set a standard for nursing schools in the country, formulating a curriculum and holding certificate examinations. The term *hu-shih* was adopted as the Chinese equivalent for "nurse."[45] In 1920, a School of Nursing was opened in the new Rockefeller Foundation-sponsored Peking Union Medical College (PUMC). Equipped with the best facilities and a first-class faculty and staff, it introduced the first joint Bachelor of Science-Nursing program in China. In 1922 the NAC was admitted into the International Council of Nurses. The trend of nationalization in China during the 1920s was reflected in the increasingly Chinese membership of the NAC. Despite periods of foreign evacuation from China, Chinese nursing continued to develop into a profession represented by a well-organized national association with a membership of 6000 and nearly 200 nursing schools in the 1930s. By the time missionaries left China in 1949, Chinese nurses had won recognition as a new and independent professional force. Chen's study gives important insight into the chronology of nursing development in China.

In the fourth nursing study under review, Liu Chung-tung examines the origins of Chinese nursing, from the earliest traditional carers to the professionalized institution of the early 20th century.[46] She argues that, while missionaries played a significant role in transferring Western medicine to China, nursing in China is best understood as a "transition within an extremely complex and ancient society" rather than an "extraneous implant" from the West (p. 316). She draws attention to ancient traditions of healing and caring, noting values conflicts experienced by the Chinese as they made the transition from ancient to modern practices. These included the Chinese expectation of gender segregation (i.e.: females could not take care of males), low status of individuals who performed menial duties or touched the human body, and general hatred and suspicion of foreigners. As the nursing profession became increasingly under Chinese leadership, the ideals of missionary nursing were reinterpreted in a specifically Chinese way. To Chung-tung, missionary nurses may have been catalysts, but they were not reformers.

Both Chen and Chung-tung focused on American missionaries: Although Chen makes mention of the study by New and Cheung on North Honan before 1900, her supposition is that Canadian missionary work ended with the Boxer Rebellion.[47] Chen and Chung-tung credit missionary nurses for introducing professional nursing to China, but suggest that, while the Chinese system of system of nursing mimicked Western *structures*, it absorbed neither Western nor Christian *ideology*. Chen and Chung-tung express wariness of missionaries' underlying religious intent and connection to Western imperialism. For example, Chen identifies missionary nurses' primary goal as "saving the soul."[48] Chung-tung connects missionary nursing with imperialism, citing E. Brown's condemnation of missionaries as "the velvet glove of imperialism frequently backed up by the mailed fist, its effort in China [being] effective for a time in undermining Chinese self-determination."[49] Chung-tung contributes to an understanding of missionary nurses as agents of cultural imperialism, whose role in the development of professional nursing was commendable but transitory, and whose values and beliefs were tolerated rather than embraced. Overall, nursing scholarship portrays missionary nurses as women with a sense of purpose, whose experience of emancipation corresponded with that of Chinese nurses. However, the assumptions in nursing literature that missionary nurses in China had an imperialist agenda, damaged Chinese self-determination, and sought primarily to evangelize are challenged by an analysis of letters written by Canadian missionary nurses in

China between 1935 and 1947 to the *Canadian Nurse* journal, as will be discussed the following section. Janet Beaton has recently argued that Canadian missionary nursing at the West China mission was becoming increasingly secularized and professionalized by WWI.[50] Similarly, preliminary research based on letters written to the *Canadian Nurse* has suggested that the experience of Canadian missionary nurses was unique, in part because of increasingly secular aims in latter mission years.

Missionary Letters, 1935 to 1947*

> We wonder why it is so difficult to find volunteers for work out here. There are wonderful opportunities for people with initiative and perseverance and, after all, the hardships are not perhaps as bad as some imaginations might picture them.
>
> - Janet Brydon, 1937[51]

When writing this comment to the journal *Canadian Nurse* in 1937, Janet L. Brydon – a missionary with the United Church of Canada in North Honan Province, China – could not have foreseen the human tragedy that was about to unfold as the Japanese Imperialist Army invaded China in what was to become the Sino-Japanese War of 1937-1945. Nor could she have predicted the abrupt and complete termination of all missionary activity in China (including missionary nursing) that followed the Communist revolution in 1949.[52] [See Figure I.1] Although medical missionaries had been in China since Dr. Peter Parker introduced Western medicine to Canton [Guangzhou] in 1835,[53] tolerance for *yang-kwei* ("foreign devils") was waning. Japan's invasion of semi-colonial China mirrored earlier imperialist aggression by Western powers, and as early as 1935 the cry "Fight Japan" was concurrent with a daily greeting to Westerners of *Yang kuie tse* ("go home").[54] The Chinese perception of Westerners as *yang kwei* contrasted with the

---

* This section has been adapted from: Grypma, Sonya, "Neither Angels of Mercy nor Foreign Devils: Re-Visioning Canadian Missionary Nurses in China, 1935 – 1947," *Nursing History Review* 12 (2004): 97-119.

Western perception of missionary nurses as beatific "Angels of Mercy" who provided altruistic care to strangers: where Westerners extolled nurses' collective virtue, the Chinese perceived collective malice.[55] In 1923 Protestant missionaries in China numbered over eight thousand, but danger and anti-foreign sentiment catalyzed the evacuation of six thousand of these by 1948, and by 1950 most had applied for exit permits. Catholic missionaries – who had been ordered to remain at their posts in 1948 – were tried under charges of espionage and subversive activity and deported by 1950.[56] By 1952 most foreigners had been expelled – thus signaling the end of the Missionary Era in China.

This section examines Canadian missionary nursing practice in China as revealed by letters sent home to Canada and printed in *Canadian Nurse* between 1935 and 1947. While Canadian nurses in China were depicted at the time as Angels of Mercy or as Foreign Devils,[57] their letters offer a different primary image- that of *professional nurse*. As such, Canadian nurses embodied complex, contradictory roles: religious and secular, emancipating and oppressing, colonialist and catalysts for change.

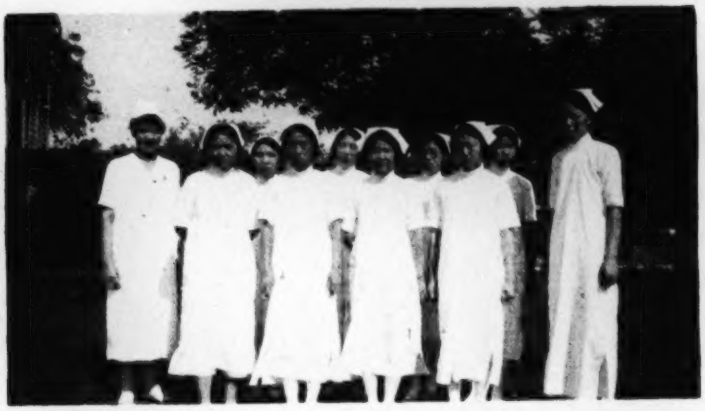


Figure I.1: Janet Brydon with nursing students

UCCVUA 1999.001P-1812

Letters Home

Under review here are fourteen letters written by eleven Canadian nurses working in China and published in *Canadian Nurse* between 1935 and 1947.[58] Five of these nurses were associated with the United Church of Canada (UCC), and two with the United Nations Rehabilitation and Relief Agency (UNRRA).[59] Three did not identify their sponsoring agencies. I refer to these nurses collectively as missionaries because all but one of the letters had significant references to Christianity or mission affiliates; even the two government-sponsored UNRRA nurses emphasized their affiliation with Christian agencies.[60] The letters detail the extraordinary daily lives of these nurses and recount activities ranging from the care of those wounded by bombing near hospitals to the particular difficulties of teaching nursing students who were recent refugees. They are often long and intended for *Canadian Nurse* readers. As such, the letter authors may not have been as candid as in personal correspondence, and they (or the editors) may have censored aspects of their work that could be construed as unflattering or overly religious. Also, because most of the letters were written by English-speaking United Church nurse administrators and educators, the present analysis does not adequately represent Francophone, Catholic, Anglican, China Inland Mission, or rank-and-file Canadian nurses. Despite such limitations, however, these letters paint a poignant and intimate portrait of women working toward the nursing goal of achieving health under the most trying conditions. The abrupt discontinuation of the letters after 1947 reflects the change in overall missionary activity in China related to the ensuing Communist revolution in 1949; it leaves the story of Canadian nurses in China dangling as if in mid-sentence.

Louise Clara Preston

Canadian missionary nurse Louise Clara Preston wrote four letters to *Canadian Nurse* between 1936 and 1947.[61] [See Figure I.2] Preston volunteered to serve in China immediately after graduating from the School of Nursing of the Royal Victoria Hospital in Montreal in 1922. After studying the Chinese language for three years, she became superintendent of nurses at the Changte [Anyang] hospital in Honan Province (UCC North China Mission). When Preston arrived in Changte, the hospital consisted of a chapel, dispensary, operating room, and private and public patients' rooms built around courtyards, "in true Chinese fashion."[62] There was an outdoor kitchen, and patients supplied their own food and coal. The assistants were mostly young widows or girls who were on call to assist with obstetrics. The yard and toilets were taken care of by a "poorer type of woman" and the "scavenger came twice a day and paid the hospital . . . for the privilege of carrying away our 'night soil' for their gardens." While cognizant of the potential dangers of the dirty conditions of the hospital, Preston believed that such an informal atmosphere was not without benefits. Patients felt at home, care was relatively easy for women to afford, and staff had time to teach patients how to read and give lessons in hygiene. The stimulus for building a new Western-style ("modern") hospital came from the doctors, who

> looked forward to the time when their patients could have 24-hour nursing care, post-operative supervision, and suitable diets. When orders could be given to the head nurse with the knowledge that they would be carried out.[63]

Figure I.2: Louise Clara Preston

From The Canadian Nurse (1946), vol. 42, No. 10, page 886. Canadian Nurses Association original photographs are held by the National Archives of Canada, accession R4440-0-X

It is difficult to ascertain from Preston's description whether or not she was in agreement with the physicians' plans, but she apparently went along with them and got caught up in the general excitement of it all. While plans were laid to construct the new hospital, Preston began plans for the new nursing school. In describing these, she reveals her bias about what kind of person would be the ideal student:

> To find the right kind of student with a fine Christian character, three years of high school, with enough financial backing and a desire to learn nursing was not easy. These were the nurses to pave the way and the future of nursing would depend much on these pioneers.[64]

Preston's comments are consistent with the purported dual purpose of traditional medical missions to evangelize and to heal, but there is no indication that she herself evangelized. While it is possible that Preston chose not to report evangelistic practices to the secular *Canadian Nurse*, it is also possible that she favored medical care over evangelism – to do so was characteristic of United Church of Canada medical missionaries. Preston's assumption that nurses who were Christian would naturally excel based on their presumed superior moral character is troublesome, however, and her comments suggest a belief that Chinese women were drawn into nursing based on such Christian imperatives as altruism and self-sacrifice. In fact, the ideology of self-sacrifice is arguably a Western one, since Chinese women were conditioned to bitter sacrifices from an early age, and the adoption of nursing may have been more a role transfer than a personal conversion to a selfless ideology.[65]

It is not uncommon to find ethnocentric ideas whenever members of different cultures come together. Ethnocentrism was apparent in the writing of Canadian nurse Helena Reimer describing her postwar work with UNRRA in Formosa in 1946:

> We are being entertained at long dinners by Chinese officials and we entertain, too. There are some U.S. Government people here now, the consul, etc., and *of course, we white people stick together closely.*[66]

Understandable as it may be that a nurse-as-foreigner would seek out the company of other foreigners, it is interesting that the notion of sticking together with members of a particular race is understood as an ordinary, expected practice: Because these letters were written to a wide audience of Canadian nurses, the apparent public intention of the letters by Preston and Reimer (plus the decision by the journal editor to publish them) suggests that such comments were not considered offensive at the time – a fact not surprising, given the prevalence of Social Darwinism in Canada during those years.[67] Segregation of missionaries from the Chinese population via walled mission compounds was considered by most to be a necessity for protection against illness, immorality, and danger. Undoubtedly such segregation also served to perpetuate a colonialist understanding of Western lifestyles as superior to Chinese and bred resentment at missionaries' privileged status.[68] Nonetheless, according to her writing, Louise Clara Preston developed strong relationships with the Chinese people she lived and worked among.[69]

Preston was forced to leave China three times over the course of twenty-four years due to civil strife (1927), the Sino-Japanese War (1937), and personal illness (1943).[70] Her first crisis came when the hospital in Changte, where she was superintendent of nurses, was looted – even the doors and window frames were taken.[71] The situation was precarious enough to cause Preston to return to Canada, where she worked for two years as a practical instructor at Victoria Hospital in London, Ontario. She was back in China by 1931, however. She began the work of rebuilding the hospital and, together with her Canadian colleague Jeannette Ratcliffe, organized a central training school for nurses in nearby Weihwei (also a UCC North China Mission). By 1932 the first class of nursing students was accepted into the four-year program. In Preston's earliest letter to *Canadian Nurse* she described the school's first graduation ceremony for three Chinese nursing students. [See Figure I.3] She was exuberant, exclaiming that this had been "a dream for years, and it hardly seems possible it had really and truly happened." She was optimistic about what lay ahead:

> The City and County need the help of many graduate nurses and we hope it is just the

> beginning of a service to their people, their country, and their God, which will be a blessing to all who give and who receive.[72]

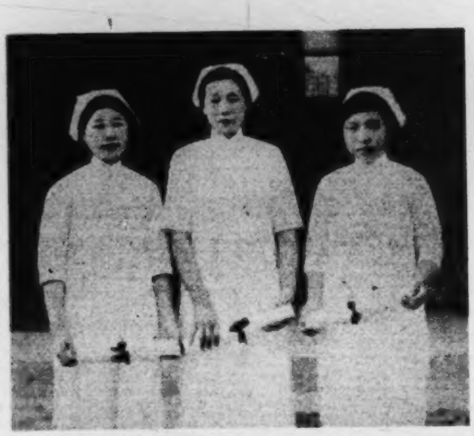


Figure I.3: First Chinese Graduates

From The Canadian Nurse (1936), vol. xxxii, No. 10, page 480

This hope was soon dashed as the Japanese army advanced into the Honan region. Preston returned to Canada after the bombing of the Changte Hospital in 1937. In a letter to *The Canadian Nurse* in 1938, Preston's colleague Jeannette Ratcliffe reiterated the great strides in nursing development at Changte and Weihwei up until the Japanese attack in 1937.[73] These included the opening of a health center in cooperation with the government, full and well-staffed hospital wards, the establishment of a rural Normal School nursing team, the naming of a Chinese principal for the nursing school, and new staff for the nursing school engaged for the autumn term. Even the harvest in the countryside gave promise of unusual plenty. In August, however, floods devastated the crops and shots were exchanged between Japanese and Chinese soldiers at Lukouchiao [Lugouquiao]. The Sino-Japanese War had started, and everything changed:

> In the Health Center, where a few weeks earlier the proud mothers of a thousand babies had contended for prizes at the well baby show there was nothing now but deserted piles of mud and bricks. . . . By the middle of October, Japanese armies were advancing down

> the Peiping-Hankow [Beijing-Hankou] line and Changte had been heavily bombed. . . . Refugees were pouring down from the north, many of them stopping at Weihwei. . . . Retreating troops marched in long array past our hospitals and residences. Planes carrying bombs droned and roared overhead, and victims were carried into the operating theatre, most of them to die of wounds a little later. The infection of fear spread, and on one never-to-be-forgotten day twenty of our staff left.[74]

Ratcliffe and the remaining staff carried on, taking in a new class of ten probationers in 1938--not so much because they wanted such a large class, but because these young women were refugees and needed a place to stay.

By 1939, Preston was back in China. There were fifteen students and four graduate nurses at the hospital by then, with limited staff and crowded wards (now including Japanese and Korean patients). After a few months things appeared to be settling, but this stability was short lived. According to Preston,

> Then came the day when all the patients had to leave, regardless of their condition. Not one of the staff, nurses or servants, were allowed to remain. It was dangerous to have any contact with us. Then our front gates were burned, bombs were thrown onto the [hospital] compound and our lives were threatened so that at last we decided it was best to leave. Best to leave a work that had stood for health and healing for nearly fifty years to rich and poor alike. . . . What future have these nurses? When shall we see them again?[75]

Preston was reported to have served as a public health nurse at Yen Ching until "again forced to flee." [76] She evacuated to the relative safety of the UCC West China Mission hospital in Chungking, Szechwan [Chongqing, Sichuan], where she worked as superintendent of nurses. From here she wrote her third letter to *Canadian Nurse*.[77] In it, Preston favorably compared the setting to the "war-conditioned program" she had left, and expressed gratitude for the Canadian hospital's location in the "safety-zone" that protected the buildings and the patients from devastating bombs. Because drugs and equipment were difficult to obtain, the staff invented new and cheaper substitutes for supplies, including "useful drugs made from native products" by pharmacists. Other wartime difficulties included the lack of books, irregular classes (due to air raids), expensive food, and anemia among the students – many of whom were refugees who had no news of their families and no means of support. Although Preston may not have realized it as such, the war was creating demands for nursing that would eventually raise the status of women and win the Chinese nurses recognition as a new and independent professional force:[78]

> This year, the newly graduated nurses are conscripted by the government for one year of service and we are only allowed to keep fifteen percent of them. Girls finish their three years of high school when they are from fourteen to sixteen years of age. They are too young for nursing and go into other work. Those who can afford six years of high school have more attractive opportunities open to them. Courses in public health and obstetrics for graduate nurses are sponsored by the government and we hope that a two-year course will soon be offered in Chentu [Chengtu – UCC West China Mission] for teaching in schools of nursing.[79]

Despite Preston's renewed optimism for nursing in China, she was reported to have returned to Canada in 1943 due to ill health, "having endured many months of bombing."[80] She became superintendent of nurses at the United Church hospital in Hearst, Ontario. However, in 1946 she was in China once again, this time with the distinction of being "the only Canadian nurse returning to her duties in the mission hospitals in China,"[81] back at the UCC North China Mission Hospital at Changte, North Honan, where she had worked before the war. In the closing sentence of what was to be the last letter from China to be published by *Canadian Nurse*, Preston wrote:

> The difficulties seem insurmountable--rehabilitating hospitals, reorganizing competent staffs, getting equipment, inflation, civil war, famine, thousands suffering from tuberculosis and malnutrition. In addition there are outbreaks of epidemics occurring all over the country, besides the ordinary illnesses. These are some of the problems that face the doctors and nurses.[82]

Through these letters, Louise Clara Preston portrayed personal courage and passion for the development of nursing in China. Despite the perilous conditions, she was continually drawn back to China. She interpreted her experiences through a Christian lens, declaring with St. Paul that, "passing through the deep waters has given us something prosperity could never give and we are persuaded that neither death nor life nor war, nor things present or things to come shall be able to separate us from the love of God."[83]

Muriel McIntosh

Canadian nurse Muriel McIntosh reflected on her work at the UCC West China Mission at Chengtu, Szechwan [Chengdu, Sichuan] for the benefit of *Canadian Nurse* readers in 1941.[84] McIntosh acknowledged the relationship between nursing in China and medical missions, stating that missionary activities brought Western medicine, which in turn brought nursing.[85] However, the focus of her letter was not on the progress of Christianity, but rather on the progress of the profession of nursing in China. In 1914 the commencement of the Nurses Association of China marked the recognition of formal nursing education and provided an avenue for nursing registration. By 1941, six thousand diplomas had been issued to nursing graduates--a small number to care for the health needs of over four hundred million people. While the nature of nursing varied according to geographies (British hospital in Hong Kong, American hospital in Peiping [Beijing], private duty in Shanghai), McIntosh focused on the development of nursing in rural Szechwan. In particular, she described the training school for nurses at the Men's Hospital in Chengtu.

Until 1934, all the nursing students at the Men's Hospital training school were boys. Most of these nurses graduated with the hope of becoming doctors. At that time, most of the army doctors in Szechwan were nurses ("and not all even graduate nurses"). McIntosh found this state of affairs "quite absurd," but recognized that the paucity of doctors made it necessary:

> True, there were the old style Chinese doctors who know a little about medicines, but knew nothing of anatomy and physiology, not to mention all the other sciences which a medical course includes. Small wonder then that a nurse with three years training could find ample scope for practice as a doctor.[86]

September 1934 brought an event "which seemed to mark a new era": girls entered the Men's Hospital training school for nurses. Until that time females had never cared for male patients in Szechwan province. Careful planning for the program was necessary since some parents had considerable misgivings about their daughters entering the training school. Even with such planning, some of the parents' qualms were realized when the Chinese instructress fell "head over heels in love" with one of the graduate male nurses. The idea of choosing one's own life partner was "too modern" to be approved by many of the relatives and friends of the students. Despite such inauspicious beginnings (or perhaps because of them), within two years all the students entering the Men's Hospital training school were girls. Like Preston, McIntosh had notions of what prerequisites a student entering nursing school should ideally have. For her, the ideal bedside nurse was a female:

> So quickly did the change [from an entirely male to entirely female student body] take place. And quickly also a change was noticed in the quality of the nursing care. It seems to be only the exceptional male who has a real knack for bedside care.[87]

McIntosh's gender bias did not extend to all areas of nursing practice, however. She suggested that "China will have need for many male nurses for years yet" because "there are still so many places a male nurse could work where a Chinese girl could not go," and "organizing, supervising, and many branches of public health work, can be most successfully handled by male nurses." Like Preston, McIntosh envisioned the ideal Chinese health care system as parallel to the Western model, complete with medically trained doctors and a hospital hierarchy that included medical (or at least male) administration with females providing bedside care. Canadian nurses' success in transforming Chinese male nursing in Chengtu into a predominantly female profession is an interesting example of a colonial impulse that differs from traditional understandings of hegemony as male-over-female domination. In promoting female emancipation through opportunities in professional nursing, Canadian missionary nurses imposed on Chinese male self-determination.

By the time McIntosh wrote her letter to *Canadian Nurse*, some of the major obstacles to the development of nursing in China had been addressed in Chengtu.[88] There were more educated women able to enter nursing, there were qualified instructors, and nurses had officially gained professional status. Even the traditional gender mores prohibiting Chinese women from interacting with males they did not know appeared to be less of an obstacle. However, McIntosh noted another barrier to entering nursing training:

> In a society where education is so rare, anyone with the education a student must have to enter [nurses] training is above any type of so-called menial labour. It is very difficult then to care for a patient without that dreaded "loss of face."[89]

Despite the official recognition of nursing as a profession, the Chinese public continued to find it difficult to afford professional status to nursing, in part because it was traditionally lower status women's work, in that it involved touching the human body and menial tasks, actions considered beneath those with an education.[90] On the tail of the revolutionary movements in China, more Chinese women went to school or tried to win social recognition by taking professional jobs outside their homes. Considering the growth in China's health care, nursing was a good opportunity for this new kind of woman.[91]

It is interesting to note the similarity between the state of affairs for Chinese nurses and Canadian missionary nurses in terms of emancipatory prospects in professional nursing. Both groups found opportunities in their nursing careers for independence and self-sufficiency, interests outside traditional female roles, exercising and developing talents for administration and organization, and outlets for their ambition and energy.[92]

Thelma Y. Chong

It is clear that Canadian nurses Preston and McIntosh played significant roles in the development of nursing in China, most obviously in their positions as educators. Another nurse educator in China was Thelma Y. Chong.[93] Although she does not identify her sponsorship, it is possible that Chong worked with the UCC South China Mission – a mission established by Chinese Canadians in Canton.[94] Chong sailed from Canada to China in 1936. She took up a position as a clinical nursing instructor at the government-established university hospital in Canton. Her descriptions of life before the Sino-Japanese War are in stark contrast to her descriptions of life during that war. Of her first impressions of hospital life, Chong wrote:

> In each private room there was an extra bed for the "puiyan" who accompanied any patient like a member of the family to stay with him. On the bedside table was kept a pot of hot tea or boiled water. All beds were provided with a mosquito net, held up by a round rattan frame hung from the ceiling. At first, sleeping under a net seems suffocating. . . . Each floor was provided with ward helpers who were the cleaners, waterbearers and errand girls. There was no hot water system and hot water had to be carried by buckets slung on both ends of a bamboo rod placed on the shoulders. . . . We had no elevators and stretchers were pulled up the cement runways to the different floors by orderlies, smoothly and quickly.[95]

There were no Western medical terms in the Chinese language, so Chong and her students were obliged to learn the diagnoses and drugs in German (the language of the doctors). All courses were taught in Chinese, which Chong could apparently speak and write fluently – suggesting a Chinese background. Chong described the daily routine of the hospital as including rounds by the "chiefs and staff," surgery, and inpatient care of patients who had typhoid fever, cholera, malaria, dysentery and "ascaris." In addition, an outpatient department provided immunization for smallpox, typhoid and cholera.

War-related change came swiftly for Chong and her colleagues in Canton:

> On May 28, 1938, at 5 a.m. we were awakened by a loud crash and rattling windows. We found the enemy bombers had entered the city and had bombed the Tien Hor Airfield. For weeks the Japanese perpetuated horrors upon the defenseless civilian population by murderous and indiscriminate attacks, by dropping bombs from high altitudes, and hitting places far from military objectives. Casualties were many, mostly civilians. One cannot begin to describe the types of wounds and injuries brought in by rickshaws, autos, and ambulances. Surgery was busy from morning till night. . . . One Red Cross ambulance was machine-gunned and forty bullets hit and perforated the car. Whole streets were in ruins, many were homeless. Rescue crews had a gruesome task in excavating the

> mutilated dismembered, beheaded bodies that were laid out in rows for identification (p. 133).

Chong went on to describe life as a nurse under wartime conditions. She wrote of going to bed fully dressed with a flashlight slung around her neck and money sewn in her slips. Casualties over the next few weeks numbered 5,500, with another 1,500 deaths. Nursing classes were "greatly interrupted" because of ongoing air raids. By October, hospital authorities ordered evacuation to outlying areas. Shortly afterward it was necessary to evacuate again, this time out of China altogether. Chong boarded a large junk-boat "filled to capacity – there was barely standing room so we sat on our suitcases with knees touching the next person." The group of evacuees arrived two days later in Macao, a Portuguese colony. By that time Japanese troops had occupied Canton, where Chong had been working, and eventually turned the Canton hospital into military headquarters.

Chong became ill with typhoid and malaria, and in 1939 she sailed back to Canada on the *Empress of Japan*. Despite her horrific experience in Canton, she was eager to return to China, writing, "When the next boat sails for China, I hope it will find me aboard" (p. 134). It is extraordinary that Thelma Chong, like Clara Preston, desired to return to the same country where she had witnessed so much trauma and had experienced so much personal distress. Chong assumed, as did other nurses, that she would always be welcomed back to China.

Japanese Prisoners of War

Not all the foreigners escaped the advancing Japanese army like Thelma Chong did. Two nurses wrote to *Canadian Nurse* of their experiences under Japanese "protective custody" while in China. One was a British nurse, Constance Murray; the other was Canadian Susie Kelsey.[96] Kelsey, a graduate of Winnipeg General Hospital, had been working in a mission hospital in northern China in an area where the Japanese had already been in control for some years. After Pearl Harbor and the outbreak of the Pacific war, however, Kelsey suddenly became an "enemy alien" and was confined in her own home for over a year. In March 1943 she was taken to a civilian internment camp in Wei Hsien [Weixian] – a community of nearly 1,800 Westerners. She found the busy, complex society that had developed there preferable to her previous loneliness and isolation. The camp was a former mission compound and was run by the internees themselves. It included a kitchen, a school for children and adults, Catholic and Protestant religious assistance (by the numerous missionaries detained there), recreation (baseball, concerts, variety shows), and hospital service (on the first floor of the vandalized hospital). Kelsey was impressed by the capabilities of the internees:

> We were fortunate in our staff for many doctors and nurses had ignored consular advice to leave China before the war broke out and, being interned in our camp, promptly offered their services. . . . Almost all the nurses had held executive positions in Chinese hospitals, and we now enjoyed the chance to do humble practical nursing. . . . The hardest worked were the nurses in charge of the combined operating and labour room who not only had to prepare and sterilize their supplies and to assist at operations or maternity cases but also had to wash all the linen afterwards for we had no hospital laundry. . . . We had eight babies born in the six months I was at camp.[97]

Kelsey was released in September 1943 along with approximately 250 other Canadian and American civilians. She regretted leaving behind the other internees, in part because a large number of doctors were part of the departing group, and their help would be missed in the camp. As was the case with other Canadian nurses, however, Kelsey did not stay away from China. In 1946 she was working as the only Canadian in Honan, at the only hospital not destroyed during the war, when Canadian missionary nurse Mary Peters joined her.[98] [See Figure I.4] Peters was returning to China after an eight-year absence: She had worked in Honan from the year she graduated from Toronto General Hospital (1917) until the beginning of the Sino-Japanese war (1938). For Kelsey and Peters, it must have seemed like the beginning of a new era. It can be surmised that they faced the future with the same postwar optimism expressed by Preston in 1947.

Figure I.4: Mary Peters

From The Canadian Nurse (1946), vol. 42, No. 12, page 1038

Postwar Rehabilitation

The end of the Sino-Japanese War brought a new opportunity for Canadian nurses: they could do relief and development work through the United Nations Relief and Rehabilitation Administration (UNRRA). Two UNRRA nurses wrote letters to *Canadian Nurse* in fall 1946. Helena Reimer, a graduate of the Winnipeg General Hospital, wrote from the UNRRA Regional office in Teipeh, Formosa [Taibei, Taiwan].[99] Her letter, which includes rapt descriptions of the beauty of Formosa, stands in sharp contrast to the wartime letters written by Canadian nurses who had been working in Mainland China. She describes her "luxurious" accommodations that are, ironically, in a Japanese hotel:

> We each have our own apartment – living-room, balcony and bedroom. My floor is covered with lovely white matting. In the center of the room I have a beautiful teakwood table with cushions around it on the floor. In one corner on a raised platform is a solitary vase with some lovely flowers. On the wall behind is a most beautiful Japanese scroll done by one of their famous artists. In a little niche in one corner, which used to be an altar, I have my books.[100]

Reimer's assignment was to assist the Chinese National Health Administration with the opening of a central school of nursing in Teipeh. There were only two other graduate nurses on the island – and a population of six million. The Canadian Presbyterian Mission board had had missionaries in Formosa since 1872 and had three hospitals, a leprosarium, a high school, and a seminary until the missionaries were forced to leave in 1941. The hospitals had closed due to war damage, and Reimer's daunting task was to organize new buildings, equipment, teachers and nursing supervisors, and nursing staff. She had her work cut out for her:

> The Formosan nurse is a cross between a technician and a maid. . . . I have not seen any nursing care being given in any of the hospitals that I have visited so far. The nurses spend their time pouring tea for the doctors and giving injections in the outpatient department. . . . The nurses are practically illiterate to start with, of course, and are classified as menial labor. One of their courses of instruction was called "Spiritual Values." This consisted mostly of advice on obedience to doctors and other authorities (p. 900).

The problems noted by Reimer in 1946 are strikingly similar to the obstacles to nursing development overcome at the Men's Hospital training school in Chengtu, Szechwan by 1934[101]: lack of educated women able to enter nursing, a lack of qualified instructors, and a low status for nursing related to the menial tasks involved and the existing patriarchal system. It is not clear whether these barriers were as prevalent in Formosa before the mission hospital closure in 1941.

Reimer crossed paths with Canadian nurse Hilda Hermanson in Formosa for one week in 1946.[102] Hermanson was another Canadian missionary nurse who left China during the Sino-Japanese War. She had been in Canada waiting for the Presbyterian Church Board to make arrangements for her return to Formosa when the Chinese War Relief Fund asked to "borrow" her for a year to reestablish the work she had left at Mackay Memorial Hospital. Taking a naval transport from Seattle to Shanghai, Hermanson had to wait for a month for a flight to the island.

She arrived to find Chinese soldiers still occupying the hospital, and found their presence unsettling:

> After a lengthy talk with the head of the army we finally got the soldiers out of the hospital, and it is now being repaired and cleaned, but they are still in our houses. The new government had confiscated all our medicines and instruments and, of course, the soldiers had ruined everything they did not steal, so the place just made me weep when I first saw it.[103]

Hermanson began working on a project for UNRRA while she was "waiting around to see what work could be done about the hospital." She had been asked to assist with an outbreak of cholera. Since none of the UNRRA members could speak Formosan--and since cholera was new to Formosa--Hermanson proved a valuable asset in helping to organize another hospital for the cholera patients:

> We arrived there to find the patients lying on the floor of the so-called isolation hospital in the most indescribable filth. There were three nurses and one doctor in the hospital. . . . You can't imagine the filth with the flies swarming all over! We got permission from the municipality to have some of their nurses . . . and put them on shifts. . . . [We] got some beds . . . gowns, sheets, and soap from UNRRA and bought wash basins, set up a sort of isolation technique and the mayor saw to it that the patients could get food.

Hermanson capitalized on her former China missionary experience, adapting her professional nursing skills to this new setting with enthusiasm. It is noteworthy that there is no discernible difference between the ideals of the (secular) UNRRA-sponsored nurses and the (religious) mission-sponsored nurses: Both stressed the development of modern, professional nursing as the most auspicious solution to the perceived needs of China. The reason for such consistency may lie, in part, with the fact that the nurses profiled here graduated from hospital schools of nursing in Canada at a time when Canadian hospitals were rapidly undergoing technological advancement with the advent of new knowledge and techniques in health care, and modern nursing was aspiring to professional and scientific status.[104] Not surprisingly, these aspirations were extended to their nursing practice in China.

An Abrupt Ending

The abrupt discontinuation of letters from China in *Canadian Nurse* after 1947 reflected the complete termination of missionary work after the Communist takeover in 1949. The subsequent expulsion of all foreigners from China was permanent, but it is unlikely that the missionaries recognized it as such, since in the past they had always returned from exile (e.g., after the 1900 Boxer Rebellion and after the 1927 Nationalist takeover). The departure of missionary nurses accelerated the transfer of health services to the Chinese – something missionaries aimed to do eventually.[105] The fourteen letters written to *Canadian Nurse* between 1935 and 1947 suggest that missionary nurses' values and ideals were consistent with professional nursing ideals in Canada. Experiences described in these letters home challenge the assumption that missionary nurses had an imperialist agenda and damaged Chinese self-determination and that their primary purpose was "soul-saving." [106] Simply to subsume the stories of Canadian missionary nurses in China under the larger historical rubric of Western imperialism and related patriarchal structures is to overlook and undermine the significant contribution by individual Canadian women to the development of nursing in China. Understanding missionary nurses as *professional* nurses allows coexistence of their otherwise contradictory roles: secular and religious, emancipating and oppressing, colonialist and catalyst. In the end, however, neither their self-image as professional nurses nor their media image as Angels of Mercy determined the fate of Canadian missionary nurses in China: Ultimately it was the fact that they were *yang-kwei* – *foreign devils* – that dramatically brought Canadian nurses' mission in China to an abrupt ending.

Notes on Methodology

In this study I used social historiography to examine the professional lives of Canadian nurses at one particular China mission (North China Mission) during a specific time period (1888 to 1947). Guided by recent appeals for a "new historiography" in nursing, I sought an in-depth understanding of individual nurses' lives while simultaneously mindful of the interplay between these nurses and their sociopolitical context. The call for a new historiography in nursing coincides with concerns about present-day nurses' lack of historical consciousness. Since the earliest days of the profession, nurses have used history to celebrate individual achievement, acknowledge professional milestones, and to socialize new nurses. With the replacement of nursing history by nursing theory as a professionalizing discourse, nurses have become disconnected from their historical roots.[107] Sioban Nelson recently lamented, "our education systems are producing nurses without a historical identity" who "equate nursing history with tales of Nightingale and old matrons."[108] Similarly, Janet Ross Kerr reported "recent nursing graduates often have little idea of how nursing developed and evolved over the past three and a half centuries in Canada."[109] The new historiography rejects nursing's "cosy profession-centred celebration of its past", instead emphasizing issues or themes such as ethics, technology, civics, and religion.[110]

As historiography moves from an "era of heroic biography to an era more interested in the archeology of humbler lives", work on the ordinary daily lives of subjects is increasingly possible and desirable.[111] This shift allowed me to work on the "lives of unknown or lesser known figures, exploring what their experience can offer to our understanding of an era, a movement, or a culture."[112] By focusing on the lives of Canadian missionary nurses at the North China Mission between 1888 and 1947, I was able to acknowledge individual contributions to the profession while examining the more subtle aspects of the interrelationship between nursing and nationality, gender, religion, economics and armed conflict. Rather than limiting the study to the twenty-one WMS nurses, I chose to include others associated with the North China Mission, notably the married nurses. Because married nurses were not officially part of the mission, they are rarely named in official mission documentation. Moreover, once married, even those who remained in Honan under the auspices of the FMB were difficult to trace since even their first names were no longer recorded. Tracing married nurses became an arduous but essential task. For example, "Maisy McNeely" became simply "Mrs. Forbes" and "Isabel Leslie, "Mrs. Fleming." That Leslie was actually the second Mrs. Fleming at Honan further complicated matters. I also took great pains to name nurses. Frequently nurses were left unidentified in the mission records and in photographs. As I collected and pored over more than 300 photographs, I became familiar with many of the missionaries and learned to recognize the faces of the missionary nurses. Participants were especially helpful in assisting me to identify those in the photos. At times I called upon missionary kids to help name people in other participants' photos. I regret that the majority of Chinese nurses and students remain unidentified; they were rarely named in either private or personal records. Whenever I did come across the names of Chinese nurses, however, I took particular care to identify them and to bring as much information as possible about them into the text.

Ethical Considerations

Protection of subjects in nursing research is founded upon a profound reverence for human beings and their experiences.[113] Historical research differs from other forms of inquiry because its subjects are typically no longer living, and ethical considerations apply to those providing information about the subjects, not to the subjects themselves.[114] To my knowledge, all of the subjects in this study are deceased.[115] The proposed study involved contacting human participants, including relatives and colleagues of the missionary nurses. Thus, a University of Alberta Health Research Ethics Board (HREB) full panel review of the proposed research was necessary.[116] The HREB granted approval of the study. [See Appendix 2: Ethics Approval].

Data Collection

Access to sufficient sources is vital. Early in the process of a study, the question of availability and location of primary sources was addressed.[117] A database was developed from source material collected from across Canada (British Columbia, Alberta, Manitoba and Ontario), the United States (Georgia and Washington), Scotland and China. A rare and extremely rich collection for analysis was formed from public records collected from various Canadian archives and libraries, and private documents and photos provided by missionary nurses' surviving family and friends. One major, public source of primary data was the United Church of Canada/Victoria University Archives at Toronto. The rich and meticulously recorded holdings were invaluable, and included NCM correspondence dating back to 1888, biographical files, annual and personal reports, books, monographs and photos. Of particular value was Margaret Brown's 1500 page unpublished opus on the history of the North China Mission. Brown, a long-time North China Missionary, painstakingly compiled a substantial chronological record of events at all the main and outlying mission stations that comprised the NCM. She detailed all areas of mission work, including evangelism, teaching and medicine. Scrupulously footnoted, Brown's history proved to be an invaluable resource, providing a richly detailed background to the NCM as a whole.

Other significant but smaller sources of primary data were the Glenbow Museum and Archives in Alberta, the Grey Sisters of Immaculate Conception of Pembroke Archives, the Ontario National Archives of Canada in Ontario, the Winnipeg General Hospital/ Health Sciences Center Archives in Manitoba, the Wellington County Museum and Archives in Ontario, the Emory University Archives in Atlanta, and the Cameron and JW Scott Libraries at the University of Alberta. The Toronto General Hospital Nursing Alumnae Archives were in the process of being relocated, so were unavailable for study.

Since all of the missionary nurses under review are believed to be deceased, the major, private source of primary data came from family and friends of missionary nurses. I was overwhelmed by the responses to an advertisement in the *United Church Observer* for information related to North China Mission nurses. Of the eighty-four persons with whom I corresponded, twenty-five had close ties with missionary work in China, and were willing to share their information [See Bibliography]. These were sent an information letter [See Appendix 3: Information Letter] and consent form [See Appendix 4: Consent Form]. This group of twenty-five participants included close relatives of NCM nurses (children, nieces, nephews, siblings, and a husband), NCM missionary kids, and China missionaries with other organizations. These participants proved to be a rich source of data, and were consistently courteous and generous in their assistance. Most of the information shared was from private, family records, including unpublished missionary letters, diaries and photographs. Some shared self-published memoirs or copies of circular letters and reports from China. Most of the communication with participants was through letter, email, or telephone. Interviews were conducted with some as a way to formally collect memories (face-to-face or by telephone). However, the real value of the interviews proved to be not so much in providing original data as to verify or clarify information available elsewhere. One participant stood apart; a daughter of one of the missionary nurses who was herself born in China in 1941 told me of her plans to return to China for the first time in 2003. She graciously agreed to my bold request to accompany her. We traveled together through China for eighteen days – a trip that took us through Beijing, Baoding, Xian, Chongqing and Shanghai. For part of the trip I hired a Chinese interpreter and driver, with whom I traveled to Henan [formerly Honan] to discover what remained of the former NCM at Xinxiang [Weihwei] and Anyang [Changte]. The entire trip was an inimitable opportunity to absorb the complexity and beauty of China close-up while reflecting on China missions with someone intimately connected with Henan and missionary nursing.

Data Analysis[*]

According to historian Marc Bloch, in the study of human history, eyewitness accounts of events are of key importance.[118] Historians necessarily rely on observations of others to piece together an understanding of the character of a subject, or of a particular change in time. Yet, relying on others' observations restricts the historical researcher to what these communicants "believe they believe" or what they are willing to reveal (p. 50). To get around the problem of limited perspectives, I attempted to collect various views of the same event. Included in the study were four views. I call these the Birds-eye view, Ground view, Rearview, and Worldview. First, an overview (Birds-eye view) of relevant sociopolitical events in the historical period under study was sought through existing historical scholarship (see previous section "The Missionary Nurse in Perspective"). Second, first-hand accounts (Ground view) of persons living through the period under study were collected through data recorded during that period such as newspaper articles, reports, and letters. Especially compelling were documents such as diaries and confidential files since these are less mediated than official reports drawn up by secretaries or journalists: As Marc Bloch noted in 1941, " who among us would not prefer to get hold of a few secret chancellery papers or some confidential military reports, to having all the newspapers of 1938 or 1939?" (p. 61-2). We are eagerly drawn to that which we were not intended to overhear.

---

[*] This section has been adapted from: Grypma, Sonya, "Critical Issues in the Use of Biographic Methods in Nursing History," *Nursing History Review* 13 (2005): 171-187

Third, recollections of experiences after the period under study has passed (Rearview) were sought through oral interviews, autobiographies and memoirs. Whereas the ground view contains raw data, the rear view contains processed data – it has been interpreted over time. There is debate among historians regarding the use of data from oral interviews. According to M. Louise Fitzpatrick, oral interviews may be used to corroborate and clarify written material, help to connect disparate pieces of information, and assist with the interpretation of patterns of events. However, they may also be unreliable because of their tendency to be colored by egocentrism, hyperbole and selective memory.[119] Fitzpatrick suggests that interviews be completed only after data has been collected from documents. Alice Wexler is less skeptical of oral interviews, suggesting that reminiscences are valuable provided the researcher is clear about the distinction between the memory of a life and a life actually lived. To Wexler, recollections represent a person's construction of self, and give insight into the ongoing tension between persons' sexual, racial, economic and cultural selves.[120] I incorporated recommendations by both Fitzpatrick and Wexler. Because all of the nurses in my study are believed to be deceased, and because most of the participants were not in Honan with the missionary nurses, oral interviews were used mainly to verify and clarify information available elsewhere.

Memoirs and autobiographies were significant sources of data. The way I approached analyses of recollections speaks to the final point: As Sioban Nelson has noted, it is important to understand the perspective of the authors of sources and the context in which sources were produced (Worldview).[121] By "reading between the lines" of first-person accounts and reminiscences, I hoped to learn as much about the author's worldview as I did about sociopolitical events. Recollections – indeed, all sources of data – should be approached with the understanding that they reflect a particular worldview and may represent a particular agenda. Like historian Dee Garrison, I believe that, consciously or not, all writers bring their particular values and beliefs to their writing.[122] Therefore, bearing in mind a suggestion by historian David Noch, I attempted to analyze the evidence in terms of motives and social positions of authors.[123] Nelson suggests that historical data are rendered meaningful only through the analysis of a broader historical context. Historian Kathleen Cruikshank agrees, arguing that, without context, there can be no interpretation or themes because there are no reference points from which to draw them. [124] For the present study, interpretation involved understanding what was happening within the nursing profession during the 1920s to 1940s, as well as what was happening in China and Canada at large. As the stack of evidence grew, the need for a broad understanding of the historical context became clearer: A well-prepared researcher can separate high quality sources from 'mounds of minutiae' by approaching sources with questions. My initial questions were developed within the context of an understanding of existing historical scholarship of the period and profession under study. According to Kathleen Cruikshank, if the right questions are asked, "the mountains of trivia will melt away and essences will emerge."[125] For this study, questions were continually revised and expanded as the research progressed. Based on Cruikshank's recommendation, my aim was to "struggle to answer all the questions that the accessible materials provokes."

Provisions for Rigor: Trustworthiness and Accuracy

According to Sioban Nelson, nursing historians should "articulate and exemplify the highest standard of historical scholarship" and nursing history should be "rigorous, sophisticated and compelling."[126] Articulating a provision for rigor is troublesome, however, considering the different language used to explain the meaning of rigor in various research designs, and the varying epistemological perspectives taken on truth and evidence. [127] For the present study, the basic issue in assessing rigor was "trustworthiness" of the data itself, and "accuracy" of the interpretation. During data collection, assessing for trustworthiness included evaluating how much confidence to place in the evidence under review: As already noted, access to a few of high quality sources is more valuable than a plethora of trivia. By collecting and comparing a variety of independent perspectives on a particular event or experience, I tried to substantiate (or contradict) the authenticity, origin and originality of documents, as suggested by Fitzpatrick. Conflicting evidence or inconsistencies do not invalidate data, however. Like blanks and silences, conflicting data raised new questions, opening new possibilities for analysis. For example, Yuet-wah Cheung has suggested that conscious misrepresentation in missionary letters and reports could arise when success in the field is exaggerated in order to solicit greater support from the home church; unconscious misrepresentation might occur because of an error in memory or a passing mood. [128] While steps were taken to unravel inconsistencies in the data I, like Cheung, strove for an "approximation rather than a completely accurate rendering of an historical event" through critical examination of the best available sources (p. 122).

The goal of historiography is to provide an accurate portrayal of a subject. One characteristic of accuracy in historiography is honesty. According to Natalie Riegler, credibility involves honesty to oneself, the subject, and the reader.[129] Admiration for a particular subject may initiate researcher interest, but admiration should not preclude honesty. As historians have "moved beyond examining only the successes of our past", it has become possible to portray subjects as complex human beings who struggle, make mistakes, and who may be unlikable. [130] Historian Kathryn Kish Sklar suggests that, over the course of time, as researchers become more intimately acquainted with those whose lives they are examining, a relationship of sorts forms, and researchers may vacillate between admiration, rejection, and even dislike of particular persons.[131] In the latter case, honesty may become more difficult. However, it is important to include unexpected or unflattering evidence in data analysis: As Elspeth Cameron has noted, a historian can be imaginative, but must not imagine the materials.[132] A second characteristic of accuracy in historiography is suspended judgment. It is important to allow themes to emerge from the data rather than preconceiving or imposing them. A final characteristic of accuracy is consistency. Consistency of themes across various sources of data lends strength to the final conclusions drawn.

It is difficult to write a report that is trustworthy, accurate *and* compelling. Literary skill must be used to engage the reader while adhering to the facts: Neither compilations of source materials nor fictional narratives are appropriate. To Joan Lynaugh the "task of writing is to make the narrative live for the reader in the same way it thrills us as we discover it."[133] Compelling history involves similar characteristics as compelling fiction, including antagonists (to contrast with the subject-as-protagonist), a central tension around which to organize the material, and development of believable characters and dramatization of crucial moments – yet all without conscious distortion of fact.[134] Adding scrupulous footnoting not only gives credit to sources, it also allows readers to judge the breadth and depth of the research, follow the scholar's methodological trail, and verify interpretations.[135] The aim of the present study was for "literary grace" plus "a nourishment of insight on rigorous research."[136]

Overview of Chapters

When Hudson Taylor advised Jonathan Goforth to "go forward on your knees," missionaries may have interpreted his words as an invocation to regular, personal prayer – kneeling being the posture taken for private prayers. Canadian missionary nurses doubtlessly perceived prayer as a fundamental aspect of their work. Yet there is something more to this postural imagery of "being on one's knees" that applies to the work of Canadian nurses in China. Besides prayer, the imagery of kneeling conjures up biblical images of Jesus kneeling to wash his disciples' feet, Job kneeling on ashes, and Paul kneeling in chains. That is, Taylor's words reflected the Christian missionary ideals of service (servant hood), surrender (non-resistance) and self-sacrifice (altruism). These three ideals exemplify the paradox of the Christian worldview within which Canadian missionary nurses worked and lived: to lead meant to serve, to advance involved surrendering one's will, and to live fully, involved being willing to suffer – or even die – for the welfare of others.

One of the most striking characteristics of NCM nurses was their perseverance through troubled times. To the nurses, "going forward" meant finding the means to provide nursing service to as many people in North Honan as possible. They made hesitant progress, their work being regularly stalled by various national crises. They responded to danger and trouble with anxiety and uncertainty, but also viewed crises as potential catalysts for personal growth. Crises involving wars and violence may have interrupted the development of modern nursing, but they also demonstrated the need for nursing care of those afflicted as a result of such hostilities. Through the years, NCM nurses learned not only what it meant to respond to human suffering, but also what it meant to suffer.

Over the sixty-year period of Canadian missions in the province of Honan, many events brought missionaries to their knees. National crises directly impacted NCM missionaries, triggering mission closure and evacuation from China on five occasions, including the Boxer Uprising (1900), the Nationalist Northern Expedition (1926-27), the Anti-British Movement (1939), the Sino-Japanese War (1937-45), and the Nationalist-Communist Civil War (1945-49). During the Sino-Japanese War, not everyone heeded the British Consular advice to evacuate, and NCM missionaries were among those who became Prisoners of War (1941-45). In addition to these national crises, the murder of NCM missionary Dr. James Menzies (1920) had far-reaching consequences for Canadian nurses in China.

The findings of this study are organized into eight chronological chapters. Each chapter covers the period of time leading up to a particular crisis that significantly impacted the NCM. The focus of this study is not on the crises themselves, but rather on the work of Canadian nurses within the context of these crises and the intervening years. Thus, historic national events such as the Boxer Uprising are presented only from the perspective of the NCM missionaries themselves, and according to the limited viewpoint Canadians in China would have had at the time. In Chapter One I introduce missionary nursing as a form of evangelism, from the arrival of the first nurse in 1888, until the missionaries fled China during the Boxer Uprising in 1900. In Chapter Two I discuss the movement from evangelism to nursing service from 1901 up until the time of the Menzies murder in 1920. In Chapter Three I discuss the progression of modern nursing and nurses training, from 1921 until the Great 1927 Exodus. In Chapter Four I examine the period of unprecedented expansion and nursing innovation from 1928 until the 1937

Japanese Invasion. In Chapter Five I discuss the period of upheaval during the Sino-Japanese War as NCM nurses were scattered around China and Canada between 1938 and 1940. In Chapter Six I examine the experiences of those who remained in China under the Japanese after Pearl Harbour between 1941 and 1945. Finally, in Chapter Seven I discuss the brief period of post-war rehabilitation until the NCM was permanently closed in 1947.

Notes

---

[1]Rosalind Goforth, *Goforth of China* (Toronto: McClelland and Stewart, 1937), 80.

[2] Janet Beaton, "Canadian missionary nurses in China: 1894 – 1951," Paper presented at the 14th Annual Conference of the *Canadian Association for the History of Nursing,* June 9, 2001.

[3] Yuet-wah Cheung, *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China before 1937 (* Lanhan, MD: University Press of America, 1988); Alvyn Austin, *Saving China: Canadian Missionaries in the Middle Kingdom, 1888 – 1959* (Toronto: University of Toronto Press, 1987); Grant Maxwell, "Partners in Mission: The Grey Sisters," in *Assignment in Chekiang: Seventy-one Canadians in China, 1902 – 1954* (Scarborough, ON: Scarboro Foreign Mission Society, 1984).

[4] Austin, *Saving China,* 32-5.

[5] Jean Ewen, *China Nurse, 1932-1939: A Young Canadian Witnesses History.* (Toronto: McClelland and Stewart, 1981); Munroe Scott, *The China Years of Dr. Bob McClure* (Toronto: Canec, 1977). Coral Brodie, Jean Menzies and Bob McClure, among others, were "designated" to mission work in China on June 17, 1923 at Bloor Street Church in Toronto. Bob McClure married Amy Hislop who took partial nurses training at Toronto General Hospital starting in 1923; Jonathan Goforth and Rosalind Goforth, *Miracle Lives of China.* (Grand Rapids, Zondervan, 1931). Rosalind Goforth, *Goforth of China.* (Toronto, McClelland and Stewart, 1937). While nurse Margaret Gay is credited in these early versions for taking dictation from the blind Jonathan for *Miracle Lives of China,* later versions omit references to Gay: Rosalind Goforth, *Jonathan Goforth* [originally *Goforth of China*]. (Minneapolis: Bethany, 1986); Ellen Caughey, *Heroes of the Faith: Eric Liddell: Olympian and Missionary.* (Uhrichsville, OH: Barbour, 2000); "Toronto General Hospital Alumnae Association", *CN,* October 1926: 547.

[6] Maxwell,"Grey Sisters," 126-42.

[7] "Woman's Search for Nirvana," *North China Herald,* 12 January 1932: 45. In this newspaper article, French Canadian nurse "Sister Alice," who was moving to Chengtu, West China, after ten years of working in Tachienlu in charge of the "French Hospital at the South gate" in Shanghai. For further study on the missionary work of nurses in Catholic religious orders, see Pauline Paul, "The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographic Issues," *Canadian Bulletin of Medical History,* 11(1994): 207-17; and Sioban Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century.* (Philadelphia, University of Pennsylvania Press, 2001).

[8] Nelson, *Say Little;* Pauline Paul, "The History of the Relationship Between Nursing and Faith Traditions," in *Nursing Within a Faith Community,* edited by Margaret B. Clark & Joanne K. Olson (Thousand Oaks, CA: Sage, 2000): 59– 75; Kaiyi Chen, "Missionaries and the early development of nursing in China," *Nursing History Review,* 4 (1996): 129-49; Mary Ellen Doona, "Linda Richards and nursing in Japan," *Nursing History Review,* 4 (1996): 99-128.

[9] Stephen Endicott, *James G. Endicott: Rebel out of China* (Toronto, University of Toronto Press, 1980); Rosalind Goforth, *Jonathan Goforth;* Sydney Gordon and Ted Allen, *The Scalpel, the Sword: The Story of Doctor Norman Bethune* (3rd ed)(New York: Monthly Review Press, 1973); Scott, *McClure.*

[10] Ruth Compton Brouwer, *New Women for God: Canadian Presbyterian Women and India Missions, 1876-1914* (Toronto, University of Toronto Press, 1990); Rosemary Gagan, *A Sensitive Independence: Canadian Methodist Women Missionaries in Canada and the Orient, 1881-1925* (Montreal & Kingston, McGill-Queens University Press, 1992); Rosemary Gagan, "The Methodist background of Canadian WMS missionaries," in *Canadian Methodist Historical Society Papers,* edited by Neil Semple, *7 (*1992): 115-36; Peter Kong-Ming New and Yuet-wah Cheung, "Early Years of Medical Missionary Work in the Canadian Presbyterian Mission in North Honan, China, 1887 – 1900," *Asian Profile,* 12, no. 5 (1984): 409-23; Cheung, *Missionary Medicine.*

[11] Janet Beaton and Marion McKay, "Carolyn Wellwood: Pragmatic visionary," *Canadian Journal of Nursing Leadership,* 12, no. 4 (1999): 30-3; Beaton, *Missionary Nurses.*

[12] Austin, *Saving China,* 172.

---

[13] Austin, *Saving China*; Cheung, *Missionary Medicine;* Endicott, *Rebel;* New & Cheung, *North Honan;* Scott, *McClure;* Stursberg, *Golden Hope;* Yong Wang, *Mission Unfinished: The United Church of Canada and China, 1925 – 1970.* (Ph.D. diss., University of Waterloo, Canada, 1999).

[14] Cheung, *Missionary Medicine*: x.

[15] P. Morley, "Book Review: Holier than Mao," *Books in Canada,* 16 (1987): 29.

[16] Austin, *Saving China.*

[17] Austin also names Miss Amelia Brown as a registered nurse (p. 52). However, according to West China Mission historian Dr. Janet Beaton, Amelia Brown was not a nurse. Jennie Ford was the first West China Mission nurse. Personal communication, Dr. Janet Beaton.

[18] P. D. James, "Book review: Saving China: The history behind the mission," *Quill & Quire*, 52 (1986): 47.

[19] Ranbir Vohra, *China's Path to Modernization: A Historical View from 1800 to the Present* (Upper Saddle River, NJ: Prentice Hall, 2000); Jonathan D. Spence, *The Search for Modern China* (New York, W.W. Norton, 1990); Mary Schaller Blaufuss, "De-centered and De-centering Missiology: A Search for New Relationships and New Terminology," *Asia Journal of Theology* (2003): 428-48.

[20] Stursberg, *Golden Hope*.

[21] The Boxer massacre claimed the lives of 188 Protestant missionaries, 22 Roman Catholic priests and nuns, and thousands of Chinese Christians. Allied European forces responded by sending in 20,000 troops, killing at least as many innocent Chinese. A peace treaty known as the Boxer protocol required the Chinese to pay indemnities for damages or 450 million taels (the Chi'ing yearly income was 250 million taels). See Stursberg, *Golden Hope*, 49-59.

[22] Vohra, *China's Path*, 124-5; Endicott, *Rebel*, 94; Cheung, *Missionary Medicine*: 30.

[23] Austin, *Saving China*, 219-20.

[24] Austin, *Saving China*, 219-20; Cheung, *Missionary Medicine*: 31.

[25] Peter Stursberg, *No Foreign Bones in China: Memoirs of Imperialism and Its Ending* (Edmonton: University of Alberta Press, 2001), 172-4.

[26] Murdock MacKenzie, *Twenty-five Years in Honan*. (Toronto, Board of Foreign Missions, 1919): 181-9. There was reason to feel that this was a successful method: the first convert in North Honan was a formerly blind man, "Mr. Chou" who was able to see after cataract surgery.

[27] Stursberg, *Golden Hope*, 61.

[28] Cheung, *Missionary Medicine*.

[29] New & Cheung "North Honan": 416; Austin, *Saving China*, 247, 276-7, 278, 282.

[30] Kenneth Beaton, *Serving with the Sons of Shuh: Fifty Fateful Years in West China, 1891-1941*. (Toronto, United Church of Canada, 1941), 233-5. According to a list of West China missionaries between 1891 and 1939, there were 14 female physicians and 32 married RNs. Added to Beaton's count of 24 single RNs between 1894 and 1952, the ratio was 56 female RNs vs. 14 MDs at West China. See also, Beaton, *Missionary Nurses.*

[31] Natalie Riegler, "Some Issues to be Considered in the Writing of Biography," *Canadian Bulletin of Medical History*, 1, no. 1 (1994): 219-27.

[32] Janet Ross Kerr, "Nursing History at the Graduate Level: State of the Art. *Canadian Bulletin of Medical History*,11, no. 1 (1994): 229-36.

[33] Kathryn Kish Sklar, "Coming to Terms with Florence Kelly: The Tale of a Reluctant Biographer," in *The Challenge of Feminist Biography: Writing the Lives of Modern American Women*, edited by S. Alpern, J. Antler, E. I. Perry and I. W. Scobie (Urbana: University of Illinois Press, 1992), 17-33.

[34] Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn of the Century China*. (Westford: Yale University Press, 1984).

[35] Brouwer, *New Women for God*.

[36] Gagan, *A Sensitive Independence;* Gagan, "Methodist Background."

[37] Gagan, "Methodist Background": 118.

[38] Gagan, "Methodist Background": 129

[39] Gagan, *Sensitive Independence*, 116. Gagan does not identify Brown as a nurse, but Austin does in *Saving China, p.* 52.

[40] Gagan, *Sensitive Independence*, 211.

---

[41] Articles reviewed but not discussed include: Sally Chan and Frances Wong , "Development of Basic Nursing Education in China and Hong Kong,"*Journal of Advanced Nursing*, 29 (6)(1999): 1300-07; Sue Turale and Lu Hui Qing, "Six Decades of Nursing Service in China: The Life Experiences of Lu Hui Qing," *International History of Nursing Journal*, 6 (1) (2001): 80-3; Li Xiang-dong and Sonia Acorn, "The Evolution of Nursing Administration in China," *International Nursing Review*, 46(3)(1999): 91-4.

[42] Beaton and McKay, "Carolyn Wellwood."

[43] Gagan, *Sensitive Independence*: 150-1; Austin, *Saving China*: 181.

[44] Chen, "Early Development": 129-49; Chen, "Rockefeller": 77-104.

[45] Elsie Mawfung Chung, a 1909 graduate from Guy's Hospital, London – and the first Chinese nurse trained abroad - consulted with Sinologues to come up with *hu-shih,* meaning "caring scholar."

[46] Liu Chung-tung, "From San Gu Liu Po to 'Caring Scholar': The Chinese Nurse in Perspective," *International Journal of Nursing Studies*, 28, no. 4 (1991): 315-24.

[47] Chen, "Early Development": 131.

[48] Chen, "Early Development": 143.

[49] Chung-tung, "Caring scholar": 323.

[50] Beaton, "Missionary nurses": 6.

[51] Janet L. Brydon, "Opportunities in China," *Canadian Nurse*, 33, no. 6 (1937): 272 (hereafter *CN*).

[52] Creighton Lacy, "The Missionary Exodus from China," *Pacific Affairs* 28, no. 4 (1955): 301-14.

[53] The real beginning of Western medicine in China is considered to be Alexander Pearson's introduction of smallpox vaccine in 1805. Dr. Peter Parker founded the first hospital in Canton in 1835 and began training medical students two years later. See Chung-tung, "Caring Scholar" and Chan and Wong, "China and Hong Kong."

[54] Canadian nurse Jean Ewen first went to China under the auspices of a Catholic mission. The Communist Party in Canada sponsored her return, and she accompanied Dr. Norman Bethune as his translator on his mission to assist the Eighth Route Army in China. She writes of imperially sanctioned discrimination in Shanghai Garden Park in 1933, where a bilingual sign on its iron gates read "Chinese and dogs not allowed." See Ewen, *China Nurse,* 13, 91.

[55] The English-language press in China (e.g., the *North China Herald*, hereafter *NCH*) consistently praised the work of (foreign) nurses, using descriptors such as "kindly healing hand," "kind ministrations," "gentle nurse," "gallant nurses," "splendid," "self sacrifice" (January 12, 1932: 45; January 26, 1932: 119). The enduring perception of the beatific nature of missionary nursing is exemplified in a stained glass window at Christ Church Cranbrook in Bloomfield Hills, Michigan, portraying – among others – Dr. Mary E. Glenton, a missionary nurse to China, Alaska, and North Carolina in the 1920s (Michigan State University Museum: http//museum.cl.msu.edu/museum/msgc/june98.htm).

[56] Lacy, "Missionary Exodus."

[57] See note 7. Sister Alice was described as having helped "many poor helpless travelers . . . [who have found] comfort and solace from the kind ministrations of this gentle nurse. . . . Rich and poor, priest and layman, Tibetan and Chinese, will be sorry to see this Sister of Mercy leave the border." For a discussion of Canadians as Foreign Devils, see Ewen, *China Nurse*; Austin, "Foreign Devils," in *Saving China;* Stursberg, *Foreign Bones, 15.*

[58] *CN* was reviewed from 1935 to 1951; the letters stopped in 1947. The nurses and their letters are as follows: (abbreviations: UCC – United Church of Canada; NCM: North China Mission in North Honan Province; SCM: South China Mission in Kuangtung province; WCM: West China Mission in Szechwan province).
(1) 1934: Isabel Leslie, UCC NCM; (2) 1935: Sister M. Genevieve, Lishui, Chekiang, Sisters of Immaculate Conception; (3) 1935: Noreen Lum, Hong Kong, UCC SCM?; (4) 1936: L. Clara Preston, Changte, UCC NCM; (5) 1937: Janet L. Brydon, Hwaiking, UCC NCM'; (6) 1938: Jeannette Ratcliffe, Weihwei, UCC NCM (7) 1939: L. Clara Preston, Changte, UCC NCM; (8) 1943: Clara Preston: Chungking, UCC WCM (9) 1943: Thelma Chong, Canton, Kuangtung, possibly with UCC SCM; (10) 1944: Susie Kelsey, Prisoner of War, Wei Hsien, Shantung, originally from Anglican Mission, Honan; (11) 1946: Helena Reimer, Formosa, UNRRA; (12)

1946: Hilder Hermanson, UNRRA, formerly Presbyterian (13) 1946: Constance Murray: Prisoner of War, Hong Kong (British?) (14) 1947: Clara Preston, Changte, North Honan, UCC NCM.

[59] Sister Angela's citizenship is unclear from her letter (she graduated in New York), but she is identified as an Irish-born Canadian nurse with the Sisters of the Immaculate Conception of Pembroke, Ontario in Maxwell, *Chekiang*.

[60] Reimer does not identify any religious affiliation, but she writes of her experiences at the nursing school in Chengtu, West China – a United Church of Canada institution.

[61] Louise Clara Preston, "Nursing in China," *CN* 43, no. 3 (1947): 217-8.

[62] Preston, "Letter 1947": 217.

[63] Preston, "Letter 1947": 217-18

[64] Preston, "Letter 1947": 217-18. Austin divides the progression of Canadian missions to China into three periods: the Saving Gospel (1888-1900), the Social Gospel (1901-1927), and the Political Gospel (1927-1959). He contends that Canadian medical missions changed in purpose from being a mere means to an evangelistic end, to being a living expression of the Christian Gospel in and of itself. Austin, "Foreign Devils," 167.

[65] British missionary accounts of the Chinese in the 1920s exhibited revulsion at cruelty to animals and at the apparent "cheapness" of human life. Chinese faults were usually perceived as resulting from their deficient moral values. Foreigners who linked public health concerns with the Chinese defended Chinese exclusion from International Settlement parks in Shanghai before 1927. See Robert A. Bickers, "'To Serve and Not to Rule': British Protestant Missionaries and Chinese Nationalism, 1928-1931," in *Missionary Encounters: Sources and Issues* (Richmond, UK: Curzon Press, 1996), 211-14.

[66] Helena Reimer, "Letters from Near and Far," *CN* 42, no. 10 (1946): 899-900 (emphasis added).

[67] Howard Palmer identifies the built-in ethnic and racial biases in Canada's immigration policy throughout the late nineteenth century and until after World War II. According to Palmer, this reflects not only Canada's British colonial past, but also race theories prevalent at that time in North America and Europe, which attempted to apply Darwin's theories of biological evolution to human society. Races were thought to represent different stages of the evolutionary scale, with "whites" being superior to the "black," "yellow," or "red" races. These racial theories helped justify the imperial ambitions of Britain, France, Germany, and the United States. See Howard Palmer, "Patterns of Immigration and Ethnic Settlement in Alberta, 1880-1920," in *People of Alberta: Portraits of Cultural Diversity*, ed. Howard Palmer and Tamara Palmer (Saskatoon: Western Producer Prairie Books, 1985), 1-27.

[68] While some Canadian missionaries defended walled mission compounds, others began to raise doubts about the effectiveness of a Christian ministry where the standard of living separated the missionary (physically, socially, and economically) from the Chinese community. Lacy, "Missionary Exodus": 306, 307.

[69] Preston notes, "Hearing of our plight [being stranded after the hospital destruction] after they got home, these two [Chinese] nurses walked back two days in the heat to offer Dr. McTavish and I refuge in our home and village, although it meant real danger to them. We only had time for a few hurried words, as we were watched by the guard and it was with tears in our eyes that we thanked them but told them it would not be wise. We can never forget that offer, and it was not the only one." Louise Clara Preston, "Difficult Times in China," *CN*, 35 no. 12 (1939): 689-90

[70] "Interesting People: Louise Clara Preston," *CN*, 42, no.10 (1946): 886.

[71] Preston, "Letter 1939": 689-90.

[72] Louise Clara Preston, "In a Chinese Setting," *CN*, 32, no. 10 (1936): 480.

[73] Jeannette Ratcliffe, "War in Weihwei," *CN* 34, no. 7 (1938): 356-58.

[74] Ratcliffe, "Letter 1938": 356-57.

[75] Preston, "Letter 1939": 690.

[76] "Interesting People: Preston": 886.

[77] Louise Clara Preston, "Nursing in Chungking," *CN* 39, no. 2 (1943): 144, 146.

[78] Chung-Tung, "Caring Scholar": 323.

[79] Preston, "Letter 1943": 146

---

[80] "Interesting People: Preston": 886.
[81] Preston, "Letter 1947": 217.
[82] Preston, "Letter 1947": 218.
[83] Preston, "Letter 1939": 690; St. Paul's similar words are recorded in Romans 8:38, 39.
[84] Muriel McIntosh, "Nursing in China," *CN*, 37, no. 1 (1941): 17-20.
[85] According to Chan and Wong ("China and Hong Kong"), the first graduated nurse in China was Elizabeth McKechnie, who arrived in Shanghai from the United States in 1884. The first school for Chinese nurses was established in Fuchou in 1888 by Ella Johnson, also from the United States. By 1937 there were 183 registered schools of nursing. Chan and Wong identify Ma Feng Shen as the first Chinese nurse to study in England and credit her with translating the word "nurse" into "Hu-Shih," which means educated nurse or nurse scholar. Chen ("Early Development," 137, 144) identifies the first Chinese nurse as Miss Elsie Mawfung Chung – presumably a different English spelling of the same name. Mawfung Chung is reported to have graduated from Guy's hospital in London, and is also credited with choosing the term "hu-shih," meaning caring scholar. The Chinese Nursing Association retained membership in the International Council of Nurses from 1922 to 1949, when the Communists came to power.
[86] McIntosh, "Letter 1941," 18.
[87] Ibid.
[88] See Chen, "Early Development": 135-36; Chung-Tung, "Caring Scholar": 320-21.
[89] McIntosh, "Letter 1941": 19.
[90] Nursing education in China gained slow acceptance because of the menial nature of the work and because of the general hatred and suspicion of foreigners. Rumors that doctors would take out a patient's heart or eyes, draw semen from a man, or rape a woman fueled some of the initial Chinese reactions to nursing training programs (from indifference, resentment, and contempt to alarm). Hiring of servants to take over menial work contributed to the increased attractiveness of nursing to higher class women. Chung-Tung, "Caring Scholar": 321; Chen, "Early Development": 136.
[91] Chen, "Early Development": 139.
[92] The role of missionary women itself constituted a female educational elite: The mission field widened the range of employment opportunities for well-educated women and created a socially sanctioned sphere of action outside family and home. Beaton and McKay, "Caroline Wellwood": 30-3.
[93] Thelma Y. Chong, "Adventure in Canton," *CN*, 39, no. 2 (1943): 131-4.
[94] Nellie L. McClung, *Before They Call* (Board of Home Missions, United Church of Canada, 1937), 25 (Glenbow Archives, M285, Box 3, File 27). In this booklet, the author notes, "People come to us [the United Church] from many countries, and sometimes go back to their own again. . . . A Chinese nurse, who graduated at Lamont, Alta., is now the superintendent of a hospital in Hong Kong, with three hundred nurses in training." It is possible that Chong was one of a handful of Chinese nurses sponsored for study in Canada: Noreen Lum, who wrote a letter in 1935 from Hong Kong, was identified as a graduate from Lamont, and may have been one of these nurses. See Yuet-wah Cheung, "The Missions and Their Settings," *Missionary Medicine*, 9-11.
[95] Chong, "Letter 1943," 132.
[96] Constance Murray, "A Repatriate from Hong Kong," *CN* 42, no. 3 (1946): 242-43. Murray does not identify her nationality, and writes of returning to England: It is not clear if she is Canadian or British. She may have been a military nurse since military POWs were interned in Hong Kong; Susie Kelsey, "In a Concentration Camp in China," *CN*, 40, no. 7 (1944): 480-82.
[97] Kelsey, "Letter 1944": 482.
[98] "Interesting People: Mary Peters," *CN*, 42, no. 12 (1946): 1038.
[99] Reimer, "Letter 1946," 899-900. Formosa had been colonized by the Dutch, the Portuguese, and, for three hundred years, by the Chinese. However, the three decades preceding the Sino-Japanese War, the Japanese had been the colonial administrators of Formosa. This era came to an end when the Communists in China defeated the Nationalists in 1949, and Chiang Kai-shek fled with the Nationalist government to Formosa--changing it into Chinese-administrated Taiwan. See Munroe Scott, "Taiwan the Beautiful," in *McClure: The China Years of Dr. Bob McClure* (Toronto: Canec Publishing and Supply House, 1977), 152-68.

---

[100] Reimer, "Letter 1946": 899.
[101] McIntosh, "Letter 1941": 17-20.
[102] Hilda Hermanson, "Letters from Near and Far: In Formosa," *CN,* 42, no. 11 (1946): 978-79.
[103] Hermanson, "Letter 1946," 979.
[104] Janet C. Ross-Kerr, *Prepared to Care: Nurses and Nursing in Alberta* (Edmonton: University of Alberta Press, 1998), 50-51.
[105] Chen, "Early Development," 144.
[106] Chung-Tung, "Caring Scholar"; Chen, "Early Development."
[107] Christopher Maggs, "A History of Nursing: A History of Caring?" *Journal of Advanced Nursing,* 23, no. 3 (1996): 630-35.
[108] Sioban Nelson, "The Fork in the Road: Nursing History vs. The History of Nursing?" *Nursing History Review,* 10 (2002): 175-88.
[109] Ross Kerr, "Graduate Level": 230.
[110] Maggs, "History of Caring": 632; Nelson, "Fork in the Road": 178.
[111] Ged Martin, "Foreword: Biography and History," in *Boswell's Children: The Art of the Biographer.* Edited by R.B. Fleming (Toronto: Dundurn Press, 1992), ix-xv.
[112] Kathleen Cruikshank, "Education History and the Art of Biography," *American Journal of Education,* 107 (3) (1999): 231-9.
[113] Patricia Munhall, "Ethical Considerations in Qualitative Research," in *Nursing Research: A Qualitative Perspective,* 2nd ed. Edited by Patricia Munhall and Caroline Oiler Boyd. (New York: National League for Nursing Press, 1993).
[114] Research Ethics Board review is not generally required for research about someone deceased, according to Tri Council Policy: http://www.nserc.ca/programs/ethics/english/sec01.htm#A Article 1.1(a) "For example, REB review is generally not required for research involving public policy issues, the writing of modern history or literary or artistic criticism, even though all of these might well involve human subjects. Research for a critical biography about someone deceased should not require REB review because the term "research subjects" refers to living individuals." "Article 1.1 (c) indicates that research about a living individual, particularly one in public life, or criticism of a living artist based exclusively on published or publicly available works, performances, archival materials, or information derived from third-party interviews, is also usually not required to undergo ethics review, because such research involves no interaction with the person who is the subject of the public records."
[115] A friend of Margaret Hossie Hart provided me with her address from a few years ago. The friend was not sure if Margaret is still living. The post office returned the letter with the note "moved." There was no forwarding address.
[116] Full HREB Panel B Review Guidelines. http://www.hreb.ualberta.ca/fullhreb.htm: 1
[117] M. Louise Fitzpatrick, "Historical Research: The Method," in *Nursing Research: A Qualitative Perspective,* 2nd ed. Edited by Patricia Munhall and Caroline Oiler Boyd. (New York: National League for Nursing Press, 1993).
[118] Marc Bloch, *The Historians Craft* (5th ed.), trans. Peter Putnam (Toronto: McLelland and Stewart, 1979).
[119] Fitzpatrick, "Historical Research": 368.
[120] Alex Wexler, "Emma Goldman and the Anxiety of the Biographer," in *The Challenge of Feminist Biography."* Edited by S. Alpern, J. Antler, E.E. Perry and I.W. Scobie. (Urbana: University of Illinois Press), 34-50.
[121] Nelson, "Fork in the Road": 180.
[122] Dee Garrison, "Two Roads Taken: Writing the Biography of Mary Heaton Vorse," in *The Challenge of Feminist Biography,* Edited by S. Alpern, J. Antler, E.E. Perry and I.W. Scobie. (Urbana: University of Illinois Press), 65-78.
[123] Nock, David A. "Biographical Truth." *Boswell's Children: The Art of the Biographer.* Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992), 33-40.
[124] Cruikshank, "Education History": 237.
[125] Leon Edel, cited in Cruikshank, "Education History": 234.
[126] Nelson, "Fork in the Road": 182.

---

[127] For example, M. Louise Fitzpatrick uses the quantitative terms validity (internal criticism) and reliability (external criticism) to guide nursing historians through the process of "establishing fact." Although Sioban Nelson opposes the tendency to categorize nursing historiography as a qualitative research design, the language of rigor used by qualitative researchers seems more suitable to the present study than that recommended by Fitzpatrick. See also Nelson, "Fork in the Road": 182.

[128] Cheung, *Missionary Medicine,* 121.

[129] Riegler, "Biographic Methods": 24.

[130] Janie M. Brown and Patrician D'Antonio in Ross Kerr, "Graduate Level": 232.

[131] Sklar, "Reluctant Biographer": 31-3.

[132] Elspeth Cameron, "Truth in Biography," in *Boswell's Children: The Art of the Biographer.* Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992), 27-32.

[133] Joan Lynaugh, "The Importance of Writing History as Narrative – Bringing Nurses and Nursing Events Alive," *Nursing History Review,* 8 (2000): 1.

[134] Reigler, "Biographic Methods": 222; Cruikshank, "Education History": 234; Garrison, "Two Roads": 66-8.

[135] Garrison, "Two Roads": 66-8.

[136] Francess Halpenny, "Expectations of Biography." In *Boswell's Children: The Art of the Biographer.* Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992), 3-26.

CHAPTER 1

FROM 1888 TO THE 1900 BOXER UPRISING: ONE STEP FORWARD, TWO STEPS BACK

We will need some single lady missionaries.
I am told that without the latter the women [of China] can scarcely be reached.

-Jonathan Goforth, 1888 [1]

Harriet R. Sutherland and the Honan Seven

On 27 July 1888, a group of three Canadians from Ontario boarded a ship in Vancouver to commence their greatly anticipated voyage to China. Graduate nurse Miss Harriet R. Sutherland and the newly married Dr. and Mrs. James (Minnie) Frazer Smith considered themselves "adventurers going out in faith."[2] They were on their way to the treaty port of Chefoo in Shantung province, to meet up with fellow-Canadians Rev. and Mrs. Jonathan (Rosalind) Goforth, who had arrived a few months earlier. Bachelors Dr. William McClure and Donald MacGillivray soon added to their number, bringing the total to seven. Dubbing themselves "the Honan Seven," this little band of Canadians was to take up the daunting task assigned to them by the Presbyterian Church of Canada – to establish a Christian mission in Honan, the "second most hostile province in the whole of China."[3] Blissfully unaware of the struggle that lay ahead, these first Canadian missionaries to China began laying plans to settle in the triangular section of Honan north of the Yellow River.[4] It wasn't until seven years later, in 1895, that they were finally able to secure residences in Changte, an important center of local government in North Honan, thus officially establishing the first Canadian mission in Honan province.[5]

The province of Honan was the cradle of Chinese civilization; seven of China's nineteen historic capitals were located in this region. Although the word "Honan" means "the land south of the river," about thirty per cent of the province lies north of the Yellow River [See Figure 1.1].[6] This triangular region, referred to as "North Honan," had three main "Fu's" or prefectural cities: Changte [Anyang], Weihwei [Xinxian] and Hwaiking [Huaiqing]. By the early 1900s, the Canadian Presbyterians had mission stations in all three cities. Although the North Honan Mission had a number of "out-stations" in places such as Hsin-chen, Wuan and Taokow, the stations at Changte, Weihwei and Hwaiking were the largest and most developed – and it was at these three stations that the first modern hospitals were built in the 1920s.

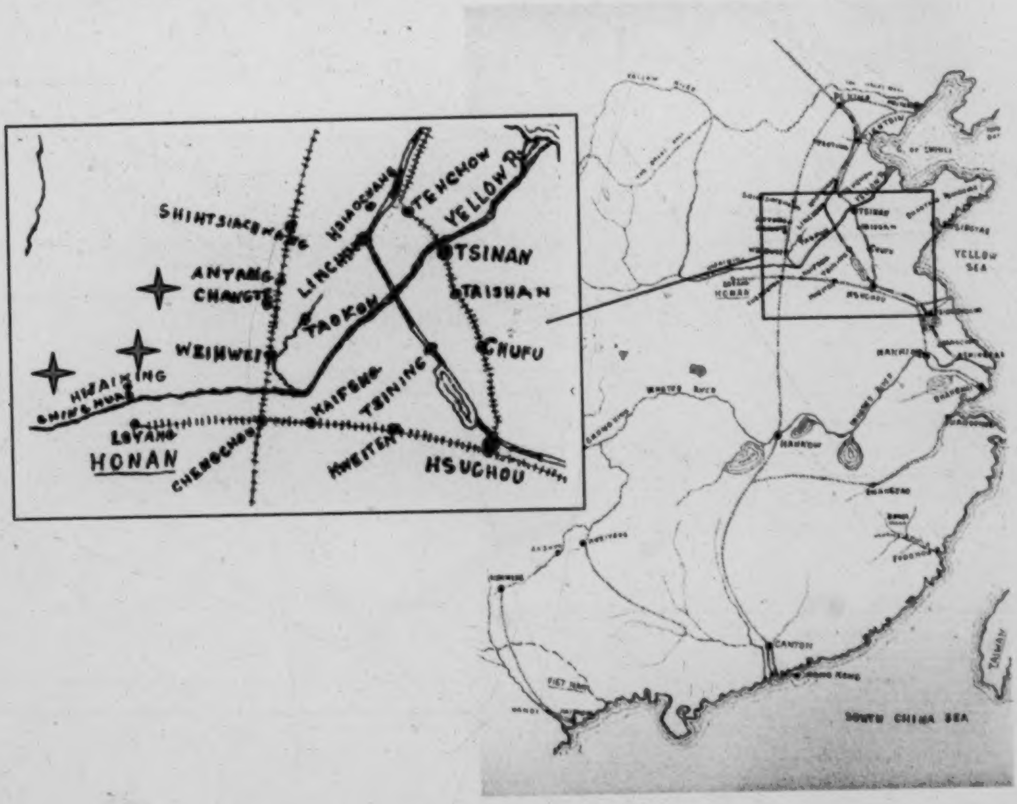

SHIHTSIACHWANG
HSIAOCHANG
TENCHOW
YELLOW R.
ANTYANG
CHANGTE
LINCHING
TSINAN
TAISHAN
TAOKOW
WEIHWEI
CHUFU
HWAIKING
TSINING
KAIFENG
LOYANG
HONAN
CHENGCHOW
KWEITEH
HSUCHOU
YELLOW SEA
HANKOW
CANTON
TAIWAN
SOUTH CHINA SEA

Figure 1.1: Map of China with North Honan Insert
from Dr. E.B. Struthers "A Doctor Remembers"
Used with permission of Dr. Mary Struthers McKim

Harriet Sutherland graduated from the Toronto Training School for nurses. Not only was she the first Canadian nurse in China, she was also the first trained nurse to be sent from Canada to a foreign mission field (the first American nurse came to China in 1884).[7] Sutherland had applied to the Presbyterian Foreign Mission Board (FMB) in response to an appeal by Dr. Frazer Smith for a nurse to assist him in his medical practice.[8] Under the aegis of Dr. Frazer Smith, Sutherland was expected to support the interests of missionary medicine, the priorities of the

North Honan Mission, and the vision of homeland supporters. Nursing was not part of the original plan for Honan; neither Frazer Smith nor Goforth originally considered taking along single women to China. Goforth changed his mind after he arrived in China, having learned that Chinese mores would not allow missionary men to have contact with Chinese women. Goforth wrote to Frazer Smith, still in Canada, appealing to him to recruit some missionary women. At the same time, British missionary Thomas Paton (who was in Chefoo with Goforth) wrote the FMB in March 1888, recommending that they include a female physician to work among women. After reading the letters from Chefoo, Frazer Smith pressed the FMB to appoint a nurse – which they did. It is not clear why a female physician was not appointed, given Paton's recommendation. It may have been because no female physicians applied to the mission, as was the case with the Canadian Methodists in Szechwan in 1891.[9] It may also have been because Smith saw the opportunity to procure assistance with his own medical work. [10] On 25 May 1888 the FMB appointed Harriet Sutherland to the North Honan field, and secured financial support from the Women's Foreign Missionary Society (later Woman's Missionary Society – hereafter WMS). Sutherland set out with the Smiths for Vancouver on 17 July 1888, the day after her designation service at St. James Square church in Toronto.[11] Sutherland never reached Honan. While in Chefoo, she nursed the ill wife of Rev. Dr. Hunter Corbett, and looked after his children after Mrs. Corbett passed away. In February 1889 Sutherland resigned from the WMS to be engaged to Corbett, only seven months after arriving in China.[12]

New Recruits Jennie Graham and Margaret McIntosh

Sutherland's resignation was a blow to the WMS. Early missionaries signed seven year contracts, which included a round-trip to Canada, expenses related to travel and outfitting, and a one-year furlough.[13] Missionaries who resigned early were expected to pay for their own return costs to Canada. Single missionary women who married other China missionaries would resign from the WMS and be transferred to their husband's mission board. Considering that graduation from nursing school frequently coincided with an age of marriage eligibility, appointing single nurses to the mission field for seven years was a risky endeavor. Losing nurses through marriage was to become a familiar lament for the WMS: Of the twenty Canadian nurses who succeeded Sutherland as WMS missionaries, nine resigned to marry China missionaries, mostly from other missions [See Appendix 5: Married Nurses]. For her part, Harriet Sutherland-Corbett remained in China under the auspices of the American Presbyterian Board in Shantung, giving "a life time of splendid service" there.[14] After her husband passed away, she remained in Chefoo, until her own death sometime before 1937.[15] That most of the Canadian nurses remained in China after their marriages gave little consolation to the WMS administrators, who were left to recruit their replacements.

Sutherland's engagement was doubly disappointing to the WMS. Not only had they lost their first missionary nurse, they had lost their first North Honan Missionary. It was also disappointing to Dr. Frazer Smith. He immediately appealed to the FMB for two more nurses for Honan, convinced as ever that there was:

> work to be done in China which must be done by *women* alone . . . Through a lady with a partial knowledge of medicine, or a practical nurse, I could prescribe and treat numbers of women who would never come to the dispensary or the hospital.[16]

To Smith, the role of a missionary nurse was to assist in medical work as well as to visit homes and teach women – something a male missionary would not be allowed to do in China. He recommended that the WMS appoint two nurses this time, for three reasons: First, two nurses could help and encourage one another in studying the language. Second, house rent would be the same for one as for two. Third, once the anticipated second mission was opened in Honan, each station could have one nurse.

Not everyone agreed with his plan. MacGillivray, for one, strongly protested the idea of assigning single women to the young mission in a letter to the FMB.[17] The policy of other missions, he chided, was to hold off the appointment of single women until missions were officially organized and an untarnished reputation among the Chinese was secured. MacGillivray was concerned that the Chinese would misconstrue the relationship between single women and male missionaries and presume that they were being "kept for immoral purposes." More to the point, MacGillivray feared that his own reputation as a celibate bachelor (and that of the other bachelor Dr. McClure) would be tainted by the close proximity of single women. For that reason he insisted that, "if young ladies come out, they must work with [the married] Dr. Frazer Smith." By the time the FMB received MacGillivray's letter of protest, it was too late: the two nurses were already appointed and ready to sail.

It had taken less than three months to find replacements for Harriet Sutherland. As Sutherland prepared for her September wedding, Miss Janet (Jennie) Graham and Miss Margaret I. McIntosh prepared for their voyage to China with Revs. MacVicar, MacDougall and MacKenzie and their wives.[18] This group of "McAlls" arrived at their final destination in December.[19] Thus it was that the first three Canadian Presbyterian WMS missionaries to China were graduate nurses.[20]

Both Margaret McIntosh and Jennie Graham were born in Ontario and were graduates of the Toronto Training School for Nurses.[21] Like virtually all of the Canadian nurses to follow her, McIntosh finished her training shortly before leaving for China, in 1889. The difference was, McIntosh had worked for a number of years before entering nurses training, and was already thirty-two when she sailed for China. Graham was thirty-one. Hiring such *old* women went against conventional mission wisdom. For example, in 1890 several articles written by Canadians and Americans from various Protestant denominations were published together in a book by B.F. Austin entitled *Woman: Her Character, Culture and Calling*. In a chapter dedicated to "Missionary Work in China," the author declared that single female recruits should be younger than twenty-five years, since it became more difficult after that age to acquire language skills.[22] By hiring two spinsters, the Presbyterian WMS was likely hoping to avoid the problem of losing them to marriage, as happened with Sutherland. Indeed, neither Graham nor McIntosh married. Illness, however, would cause Graham to resign early.

McIntosh and Graham were ideal mission candidates – experienced, educated and evangelistic. Besides having trained as nurses, each had been familiar with all kinds of church work before coming to China. McIntosh had been interested in the William and Elizabeth Street Missions in Toronto, and worked for over 10 years in city mission work before undertaking nurses training to "fit herself better for foreign work."[23] She developed an interest in foreign missions through her pastor, Dr. Wardrobe. Both women were reportedly "devoted to winning women for Christ." However, while Margaret McIntosh (called *Ma Chiao Shih*) went on to serve in China for thirty-eight years in total, Jennie Graham remained for less than a year, due to poor health.[24] Graham caught a cold in Japan, enroute to China, and never regained her health. The cold was reportedly aggravated by bitter winter weather, a difficult journey inland, and unsanitary conditions in China's interior.[25] Graham resigned in January 1891 and returned to Canada.

Margaret McIntosh – Sole Nurse for a Quarter-Century

Jennie Graham's untimely departure left McIntosh as the sole WMS nurse in Honan for the next twenty-three years [See Figure 1.2]. Initially no appeal was made for a colleague for McIntosh because of miscommunication between the Honan Presbytery (i.e.: local mission governing body), the FMB and the WMS. Although the WMS recruited, appointed and sponsored women missionaries, in the hierarchical structure of the Presbyterian Church the WMS was subordinate to the FMB. The FMB determined staffing needs, and then made recommendations to the WMS. In 1891 the FMB decided that the work of single lady missionaries was to be directed by the Honan Presbytery. The Presbytery assumed that the FMB was sending out another single woman, so did not make any requests. The FMB interpreted this silence as an indication of the Presbytery's "unfavorable attitude" toward single women, so no new missionaries were recruited. Finally a year later, in January 1892, the Presbytery forwarded a request for another single lady worker. This time they specified a preference for "a fully qualified physician."[26] Jennie Graham's sister, Dr. Lucinda Graham, arrived in 1892 to replace her invalided sister. By August malaria and dysentery was sweeping through the mission, and the Presbytery's request for a doctor was upgraded to "urgent." When the McDougall family became ill, and Margaret McIntosh accompanied them to the healthy air of the coast. The McDougalls recovered, but the young sons of Dr. Frazer Smith and Rev. Goforth died.

Illness took a tremendous toll on early missionaries and their children. Cholera, dysentery, typhus, smallpox and malaria were among the communicable diseases that plagued the Canadians. It naturally fell on McIntosh to provide nursing care for her fellow missionaries. The death rate for children was the highest: By 1913, nineteen children had died.[27] Gertrude Goforth was the first to die, of dysentery in July 1889, after only six days of illness.[28] Altogether the Goforths buried five children in China. Given the high mortality and morbidity rate among the missionaries, it is not surprising that the next WMS nurse to be appointed – Maisie McNeely, in 1914 – was specifically directed to care for missionaries and their families.[29]

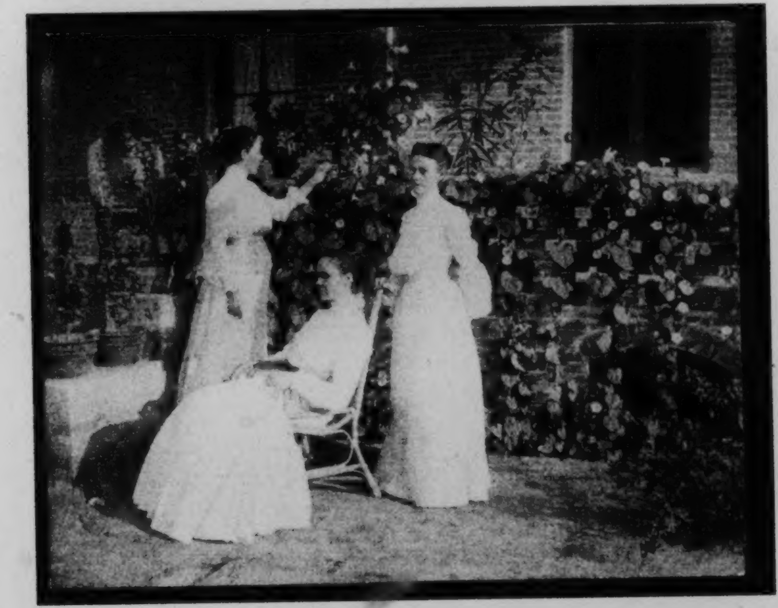


Figure 1.2: Miss Pyke, Dr. Dow & Miss McIntosh WMS House, Changte c. 1903
UCCVUA 1999.001P/1686

Missionary children were not the only ones to succumb to illness. In 1894 Mrs. Christina Malcolm and Dr. Lucinda Graham also died. Dr. Graham had been appointed in 1892 to replace her invalided sister Jennie Graham. She joined Margaret McIntosh, the Frazer Smiths and the MacVicars in their "rather restricted quarters" in the compound at Hsin-chen.[30] In the summer of 1894, McIntosh nursed Dr. William Malcolm's wife Christina Malcolm through a virulent case of smallpox. Mrs. Malcolm was a trained nurse from Guelph, had always been considered to be of delicate health.[31] Indeed, many criticized the FMB for having passed her as medically fit.[32] When Mrs. Malcolm was fit to travel, McIntosh accompanied the Malcolms to a resort in Japan to help restore her health. They returned together to the treaty port of Tientsin [Tianjin] in October 1894. In Tientsin Mrs. Malcolm became ill again – this time with cholera. Dr. Graham was called to join McIntosh and the Malcolms in Tientsin. Unlike Mrs. Malcolm, Dr. Graham was considered to be robust and strong. Her coworkers admired her jovial disposition and keen sense of humor.[33] Unfortunately, while attending to Mrs. Malcolm, Graham contracted "a severe type of Asiatic cholera" and died after only eighteen hours of illness, on 13 October 1894. Mrs. Malcolm died eight days later.[34]

Margaret McIntosh was stunned by the untimely death of her two friends. Compounding her sense of grief in 1894 was the unanticipated departure of Dr. Frazer Smith. While McIntosh was nursing Mrs. Malcolm through smallpox during the summer, Dr. Frazer Smith became sick with typhus. Heavy medical and administrative duties combined with the anti-foreign environment of Hsin-chen had caused him strain, and he had been experiencing insomnia. He recovered from the typhus, only to be smitten by pneumonia. A thrombosis in his right thigh followed the pneumonia. By this time, Frazer Smith was critically ill, and had to return to Canada. The journey home was no easy task in those days. Eight men carried Frazer Smith on a stretcher over the course of a mile to a river. He made the river journey to the treaty port of Tientsin by houseboat, and then took a steamer ship across to Canada – typically a five-week trip. Travel from the port of Vancouver to Ontario was made by rail, on the newly completed Canadian Pacific Railway. Frazer Smith survived his ordeal, but did not recover sufficiently to return to the harsh field of China. He was retired from the North Honan Mission in 1896. For her part, McIntosh was "so shattered" by the deaths of Dr. Lucinda Graham and Mrs. Christina Malcolm that a furlough to Canada was advised.[35] She returned temporarily to Canada with the widowed Dr. Malcolm.[36] Despite her frail appearance, McIntosh was tenacious. Not only did she survive the various outbreaks of communicable disease in China, McIntosh persevered through the trauma of the Boxer Uprising in 1900. She remained in China until age seventy [Figure 1.3].

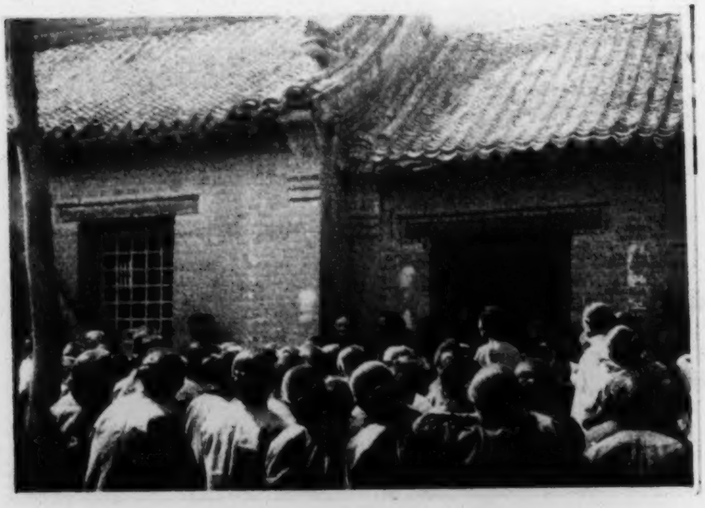


Figure 1.3: Margaret McIntosh just before retirement c. 1926
UCCVUA 1999.001P/1737

Frazer Smith's premature departure from China due to illness arguably changed the direction of missionary nursing in North Honan for the next three decades. After his resignation, none of the other physicians requested to have a nurse permanently appointed as their assistant. The lack of support for nursing may partially explain why McIntosh's thirty-seven year missionary career came to be characterized by evangelism rather than nursing. After 1894, McIntosh spent less and less time on nursing matters – something that Canadian missionary nurse Louise Clara Preston (1922-1947) later criticized, writing in her memoirs:

> How different the story [of the development of modern nursing before 1920] might have been if Miss Margaret McIntosh, our first nurse, had used her gifts, with her courage and consecration in pioneering our nursing work instead of the evangelistic work.[37]

Losing her role as Dr. Frazer Smith's assistant does not entirely explain McIntosh's apparent shift from nursing to evangelism, however. Given her ten years with the street mission in Toronto before becoming a North Honan missionary, it seems likely that McIntosh had always considered evangelism as her primary purpose. Even before Dr. Frazer Smith resigned, McIntosh emphasized the evangelistic aspect of her appointment. In a letter dated 25 January 1893

McIntosh outlined what she called "Encouraging Incidents" during her three years as a North Honan missionary. She provided one example of her nursing service:

> There was work awaiting me here [in Hsin-chen, Honan], for almost immediately after our arrival I was called to sit up all night with a young girl upon whom the doctors had operated in the afternoon. The operation was of rather a serious nature, and a good deal depended on the care she received, especially at first.[38]

Despite the girl's need for "good nursing care" McIntosh only spent one night caring for her. The following day McIntosh headed off to do evangelistic work, leaving the patient under her mother's sole charge. It was evangelistic work that most excited McIntosh, and she spent her time bringing the Gospel message to Chinese women and children, at fairs, in Sunday school classes, and in their homes. Her main concern was the high rate of illiteracy among the women; it bothered McIntosh that women were unable to read the tracts and printed hymns provided them. Although Margaret McIntosh did occasionally nurse some of Dr. Malcolm and Dr. McClure's post-operative patients (staying with patients through their first nights, at an inn), her main focus was on Bible teaching to groups of Chinese women and children.[39] That McIntosh privileged evangelistic work over nursing work can be best illustrated by the number of days she spent on the former: In 1905 McIntosh spent 267 days holding classes in nine mission out-centers with Rosalind Goforth and Minnie Pyke.[40] To McIntosh, preventing and alleviating physical suffering was an incidental rather than central concept of missionary nursing.

McIntosh made the transition from nurse to Bible teacher after 1894 with neither difficulty nor regret. Her emphasis on evangelism was not unusual for North Honan missionaries; it did not occur in a vacuum. McIntosh's perception of medical care and evangelism as inextricably linked mirrors that of early missionary physicians. In the early days of missionary medicine, evangelism was privileged over the practice of medicine – at least officially. To fully understand the first generation of missionary nurses at North Honan, it is important to examine the context within which Sutherland, Graham and McIntosh worked – that is, of early missionary medicine.

Missionary Medicine: To Heal and to Preach

From the outset, medical care was an integral part of the pioneer mission work of the Honan Seven. With two physicians and a nurse among them in 1888, the Canadians were prepared to follow in the footsteps of their American, British and European predecessors, who had concentrated much effort on caring for the ill and injured in China [See Figure 1.4]. The Canadians hoped to accomplish in China's harsh and remote interior what other foreigners were accomplishing in the internationalized treaty ports – namely, the development of dispensaries, hospitals, and training programs. It had been over fifty years since Dr. Peter Parker founded China's first hospital and medical training school in Canton (in 1835 and 1837 respectively). By 1890, when the Canadians were starting their work in China, there were thirty other Protestant mission societies involved in medical work; twenty-three mission hospitals had already been established.[41] Canadian medical missionaries were not alone in their aim to bring western medicine to China.

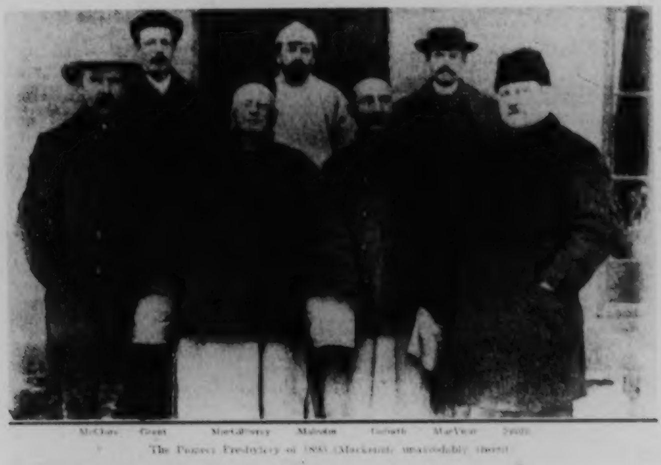


Figure 1.4: Male Missionaries of Honan, 1893
Dr. W. McClure far left, Dr. J. Frazer Smith far right
From Murdoch MacKenzie, "Twenty Five Years in Honan," 1913.

As western men and women reared in the colonial era, early Protestant missionaries felt 'the White Man's Burden'– a strong sense of personal responsibility for the welfare of China as a nation.[42] They believed that a nation's well being was directly related to the physical, spiritual and social health of its citizens. They aimed to root out physical, spiritual and social disease by teaching and implementing what they knew best – western theology and science. Canadian medical missionaries like James Frazer Smith and James R. Menzies, who arrived in 1895, were particularly suited to the dual task of healing and preaching, having obtained degrees in theology *and* medicine before heading out to China. To the Canadians, the lofty goal of healing Honan seemed possible, given the great strides already made by earlier missionaries in other parts of China. Frazer Smith echoed the sentiments of other foreign missionaries to China when he wrote,

> Even a cursory examination of the four Gospels shows that healing and teaching or preaching were closely associated in the ministry of Jesus Christ . . . the healing ministry of the missionary is parallel to the healing miracles in our Lord's public ministry . . . and Christian workers in Mission fields earnestly desire to relieve bodily suffering, which is ever in evidence, as well as minister to the soul.[43]

Medical missionaries like Frazer Smith emphasized the value of medical practice as a type of Christian ministry. In contrast, non-medical missionaries and mission boards tended to emphasize the value of medical practice as an evangelistic strategy, aimed at gaining the trust of prospective converts. While the Honan Seven were of the opinion that medicine was an important component of mission work, there was disagreement over how much emphasis it should be given at the North Honan Mission. As long as medical practice supported the greater aim of the mission – that is, the establishment of a Christian community – it was welcomed and promoted. There was always the risk, however, that medicine's humanitarian purpose would overshadow its evangelistic purpose, and that its concern with bodily suffering would take priority over concern with spiritual affliction. Thus, dissention arose whenever medical missionaries sought to expand their services. Jonathan Goforth, for one, perceived missionary medicine as simply a means to an evangelistic end. According to his wife Rosalind, Jonathan Goforth never veered from his evangelistic aims during his forty-eight years in China. As she later wrote,

> [Goforth's aim was to put] aggressive evangelism FIRST and in overwhelming proportion to all other phases of mission work. [He additionally urged] that any line of mission work, whether medical, education, or any other kind, could only be justified when made means to the one great end – the propagation of the Gospel of the grace of God in Jesus Christ.[44]

Goforth's convictions were consistent with those held by his contemporaries in other parts of China – at least according to what was being published in missionary literature of early 20th century China. Mission publications like books and tracts served a number of important purposes. They enticed and educated prospective missionaries. They also provided evidence to mission supporters in the homeland that the latter's investments into the missionary enterprise (of time, money and energy) were yielding returns of some kind. Readers of early mission literature were told that China "was opened to the Gospel at the point of a lancet [by Dr. Parker]," that "medicine has been the wedge used to open doors of hundreds of unfriendly homes," and that medical missionaries there were "[winning their] way to the hearts of the people and find[ing] opportunity multiplying upon [them], every day and hour, for preaching the Gospel in the most effective way."[45] In Honan, medical work was perceived as serving two purposes: "one, to bring people to the Chapel within sound of the Gospel and two, to show the love of Christ in deed."[46] Of these, the first was the more important.

Early mission literature emphasized the evangelistic role of missionary medicine; it was an important means of "converting many to Christ."[47] Physicians and nurses were expected to be as effective at teaching the Christian message as they were at alleviating physical suffering. According to North Honan missionary Rev. Murdoch MacKenzie (notably not a physician):

> The doctor longs as ardently as the pastor to see [patients] become followers of Jesus Christ, and they often know him as a spiritual adviser before they receive his medical attention.[48]

Such was the official, publicized view of medical missionaries. In reality, however, once the medical missionaries established a reputation for skill in treating a variety of physical ailments, the demand for care of physical symptoms left little time for anything else. It was difficult to find time to provide spiritual care (interpreted as direct evangelism to patients) when the physical needs of the Chinese demanded so much immediate attention. Shortly after arriving, Dr. Frazer Smith and Dr. McClure took some journeys through the countryside in mule-drawn carts, looking for potential patients and converts [see Figure 1.5]. They attracted curious crowds of up to 300 people, and estimated that seven out of every ten of those gathered were in need of medical treatment or surgical aid.[49] Common ailments included blood poisoning, dysentery, typhoid, smallpox, pneumonia, malarial fever, plague, boils, "felons," abscesses, toothaches, tumors and blindness due to cataracts or trachoma. The need was overwhelming.

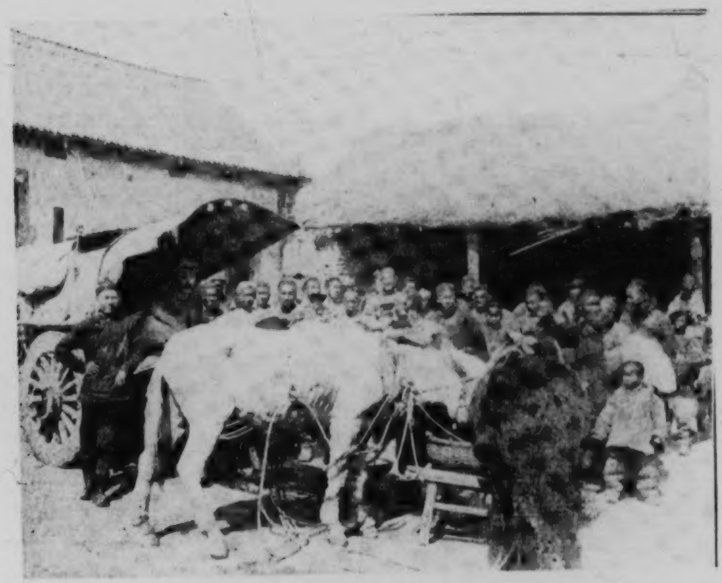


Figure 1.5: Dr. William McClure at a Village Inn
Murdoch MacKenzie, 1913

Memoirs written by Dr. Frazer Smith in 1937 provide a rare glimpse into the early days of missionary medicine in Honan. The medical kit for his journeys, Frazer Smith wrote, was comprised of "a pocket-case of instruments, a small assortment of medicines, and three pairs of forceps for extracting teeth."[50] News that one of the strange foreigners was a doctor would "spread rapidly" and soon large numbers of "sick-folk, the halt, the maimed, and especially the blind," would crowd the courtyard of the inn where the missionaries spent the night. Frazer Smith helped many in the crowd on the spot but estimated that, for every one he treated, he turned six away. He dreamed of the day when the Canadians could build a hospital "where all who were sick and suffering could be treated." When he became sick with typhus and pneumonia in 1894, Frazer Smith experienced feverish dreams. His recollection of these gives some insight into the extent of the responsibility he felt as a missionary physician and the one thing ever on his mind – the inadequate medical facilities and lack of a proper hospital:

> When delirious, one source of great anxiety to me was the vast numbers of Chinese . . . who seemed to be coming in an unending procession, a boundless sea of pained and troubled faces, hundreds and thousands, afflicted with all manner of diseases and putrid sores, all clamouring to be relieved of their pain and suffering . . . Over and over again, as I tossed to and fro, my call sounded out, 'They're coming! They're coming! More room! More room! Make the hospital ready!' (p. 246).

For Canadian missionaries in Honan, there would always exist a tension between medical and evangelical demands. Such tension was not limited to Canadian missionaries, however. American author Harlan P. Beach noted in 1905 that physicians in China "are always tempted to leave to others the ministration to soul needs."[51] Similarly, China Inland Mission (CIM) missionary Dr. Gibson admitted the difficulty of integrating medicine and evangelism, beseeching physicians and nurses to:

> Save men and women, boys and girls, from spiritual death, which in horror, hatefulness and pathos far exceeds the mere corruption of flesh and blood. The command is plain, but it is appallingly easy to put time and brains and strength into the medico-scientific side of one's work to such and extent that the command is all but forgotten. This is, at any rate, the experience of the writer . . . it is far easier to spend oneself in the operating room or in the office than in the quest for souls.[52]

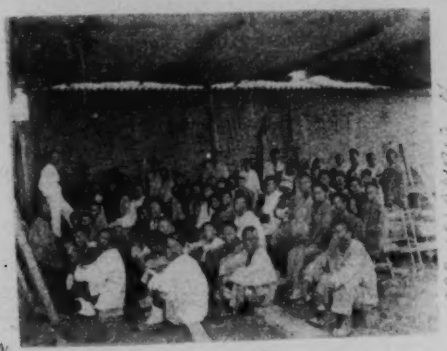
To Gibson, nurses were meant to play a key role in what he referred to as the "Soul Quest." He suggested that careful nursing was essential to the recovery of sick bodies, and that a nurses' Christian love was essential to the recovery and rebirth of sick souls. To accomplish the "winning of souls," nurses were to give personal attention to each person. To merely herd patients "*en masse* to the hospital chapel and requesting someone to preach to them is only preliminary. The really effective work is done at the bedside." Gibson's ideas went beyond what the Canadians typically wrote about missionary medicine in Honan. That is, the emphasis by the Canadian Presbyterians was on the preaching that went on in the chapels and waiting rooms; "Hearing the word of God" was what would bring people to Christ. Although Gibson did not discount the importance of preaching, to him the real strength of medical missionaries was in the way they formed intimate relationships with their Chinese patients. Nurses had a unique opportunity to show Christ's love through their "tact, discrimination and sympathy" to an individual. Gibson noted,

> An atmosphere of effacing Christian love is as essential in our hospitals as good ventilation . . . nurses may be fully trained to the *nth* degree, but if they lack love in their contact with the patients, they will do more harm than good. (p. 243).

The key to effectiveness at the bedside was nurses' personal spirituality and Christian discipline. That is, the depth of their "communion with God." In keeping with his belief in the correlation between "medical science" and "soul science," Gibson suggested that nurses and physicians would not be spiritually "aseptic" unless they took time "in the sterilizing chamber of God's Presence, to render our souls clean and free from all those toxic influences which mar our witness" (p. 244). The most important CIM strategy was the "aseptic technique" aimed at ongoing cleansing of the one's own "septic soul."

Looking at early mission publications, one must wonder how much direct evangelizing the Canadian Presbyterian medical missionaries actually did in the early years of the North Honan Mission, considering the heavy patient loads. While the memoirs by Rev. Goforth and Rev. MacKenzie emphasize the importance of preaching to patients, Dr. Frazer Smith's memoir focuses on specific experiences with individual patients and with large, often angry crowds. Although the mandate may have officially been to heal and to preach, a comparison between a published and unpublished early photo of Dr. James R. Menzies illustrates the possibility that this role may have been exaggerated in mission literature.[*]

In 1913 the Presbyterian Board of Foreign Missions published a photo featuring Dr. Menzies standing and reading before a small, Chinese audience.[53] Its title "Preaching to Patients" contrasts with the caption of the original photo which reads, "Dr. Menzies with his workmen at morning prayers" [See Figure 1.6]. There is a subtle but significant difference between the notion of patients receiving biblical instruction from a physician before receiving care, and employees participating in morning prayers: Illness and injury makes patients particularly vulnerable to exploitation, and it is possible that they could interpret conversion to Christianity as the "cost" of treating ailments, or Christian rituals as magical cures. The discrepancy between the photos suggests that evangelism by physicians may have been more rhetoric than reality. Indeed, Dr. William McClure's son, Dr. Robert McClure, later insisted that his father "was strictly medicine [and] never did any preaching or anything like that."[54] Then again, William McClure was also, according to his son, "a notorious liberal, and regarded as quite lost by many of his senior colleagues and the theological field." Common or not, mission supporters expected and idealized the practice of preaching to patients.



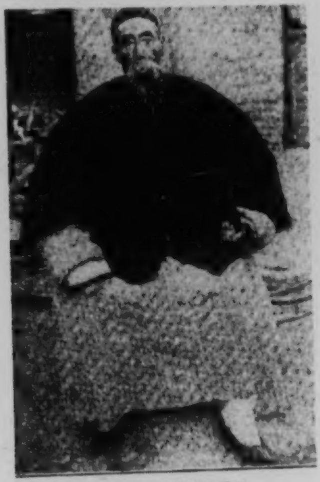
X Dr Menzies with his workmen at morning prayers

Figure 1.6: Original Photograph Later Published as "Preaching to Patients"
UCCVUA 1999.001P/1712 N

---

[*] This section has been published. Sonya Grypma, "James R. Menzies: Healing and Preaching in Early 20th Century China." *Canadian Medical Association Journal* 170, no. 1, (2004): 84-5.

The medical work of Dr. Frazer Smith and Dr. Menzies produced two early defining moments of the missionary work in North Honan, and solidified support for medical missionaries within the Presbyterian community. That is, two of the earliest Honanese to embrace Christianity, Chou Lao-Chang and Li Chi Ching, were blind patients cared for by Frazer Smith and Menzies [See Figure 1.7].[55] If anyone were unsure of the value of medical missionaries in a primarily evangelistic enterprise, these events would have convinced them. For the next three decades, mission publications would emphasize the evangelistic potential of missionary medicine and nursing, even if this did not reflect reality. Frazer Smith and Menzies had crucial roles to play in the North Honan Mission as a whole. They also were central characters in the development of nursing there. That is, Dr. Frazer Smith was the main supporter of the first three Canadian nurses. When he resigned, the development of nursing came to a virtual standstill for the next quarter-century. The granddaughter of Frazer Smith's blind patient and first Christian convert, Chou Lao-Chang, was among the first class of nursing students accepted into the Weihwei nurses training program in 1923.[56] Dr. Menzies tragic death in 1920 would be forever associated with nursing in North Honan; he was murdered while rescuing nurse Janet Brydon and another single missionary woman, Sadie Lethbridge, from bandits. Finally, Menzies daughter Jean was seven Honan missionary kids to return to China as missionary nurses.[57]



The First Convert - Chou Lao Chung

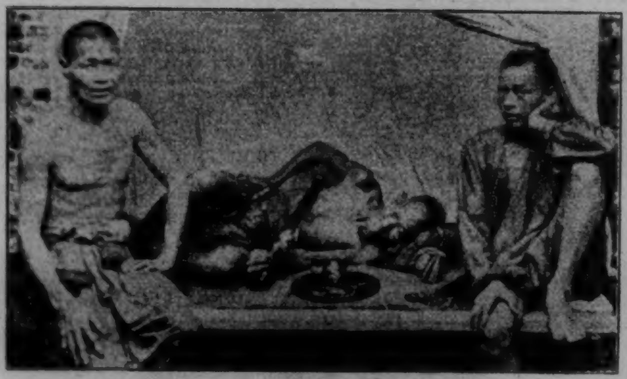
Figure 1.7: The first convert: Chou Lao Chung
Murdoch MacKenzie, 1913

Caring for Strangers: A Christian Imperative

Showing the love of Jesus Christ through one's actions was considered to be a noble goal, even if Canadian missionaries considered it to be of secondary importance when compared with preaching the Gospel. Alleviating the physical suffering associated with illness and injury was a worthwhile cause to dedicate one's life to – particularly if one's work was among the poor, underprivileged or oppressed. According to authors of early mission publications, medical work was an inevitable part of Christian missions. Since Christ exemplified compassionate care of strangers in his healing ministry among the poor, sick and dying, Christians had a moral and spiritual obligation to do the same. As F.L. Hawks Pott of the Missionary Education Movement of the United States and Canada told readers in 1913, medical missionaries "would not have been true followers of the Great Physician had they been callous or indifferent to the sufferings of Chinese humanity"[58] Missionaries were morally obligated to attend to human suffering, whether at home or abroad.

For Protestant women interested in missions, China was an ideal mission field: Chinese women purportedly had unique and extreme needs, and Protestant women had a distinct and profound calling to meet these needs. Mission literature characterized Chinese women and their children as suffering from poverty, famine, illiteracy, foot binding, female infanticide, domestic slavery and opium addiction.[59] Photos of foot bound women and male "opium fiends" in mission literature supported the contention that Chinese women were in need of rescuing – particularly from Chinese men [See Figures 1.8 and 1.9]. Such contentions fit with a view popular in Canada at the time, that Chinese men were "morally false and foul," and Chinese women, degraded and promiscuous.[60] As a Canadian Royal Commission on Chinese Immigration reported in 1885,

> The degradation of women in China is, alas, absolute and complete . . . we were amused [while visiting China] to see queer teams, viz.: a cow and ass, a mule and horses, and once or twice a woman, all drawing together . . . The evidence is overwhelming that [Chinese men] are cruel . . . Children are sometimes bought by persons who intend to sell them at the age of puberty as slaves or for baser purposes . . . Where poverty is great, or the family of girls already thought too large, the murder of female children is pursued on principle and with impunity.[61]



Opium Fiends

Figure 1.8: 'Opium Fiends' c. 1900
From Geo Bond, "Our Share in China," 1907

Chinese Lady, (Bandages Removed from Feet)

Figure 1.9: Bound Feet c. 1900
Geo Bond, 1907

Reports from China also portrayed Chinese men as hardworking laborers – as evidenced by their role in the recently completed Canadian Pacific Railway – excellent cooks and reliable laundry workers.[62] Considering the role of Chinese workers at the Isolation Hospital in Calgary as kitchen staff and cooks, it seems likely that Canadian nurses in China had a similar perception of the Chinese during their nurses training [See Figure 1.10]. The image of Chinese women as oppressed, isolated and impoverished prevailed. There was strict gender separation in Chinese society, and the "better class" of Chinese women was isolated from all men. Poorer women, who were "compelled by circumstances to be seen and move about freely," were not as isolated, but they were accessible to male strangers, including male missionaries.[63] Even if Chinese women were found listening to men in public places, it would be a "violation of custom" if they were seen engaged in conversation with them.[64]

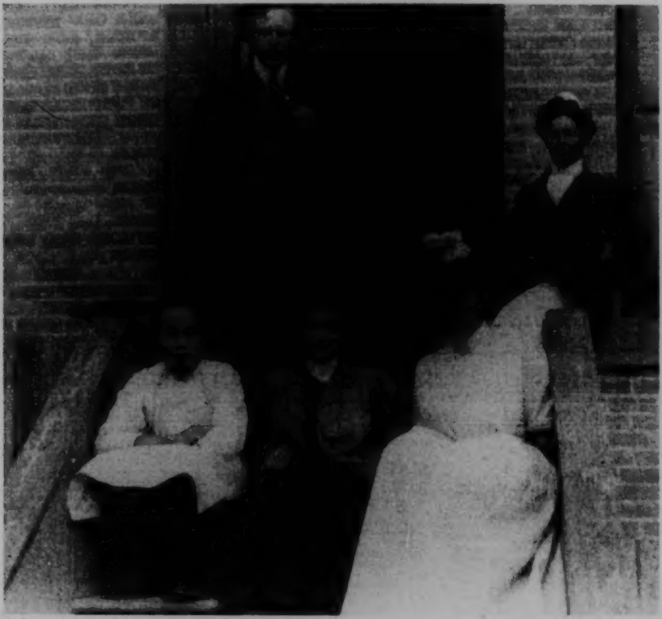


Figure 1.10: Isolation Hospital Staff at Calgary
Including "Sing Sing" the Chinese Cook, c. 1903-07
Glenbow Archives NA 2689-14

With Chinese mores forbidding interaction between Chinese women and male missionaries, only women could work with women. Because of this, B.F. Austin of the China Inland Mission reported in *Women; Her Character, Culture and Calling* that openings for women's work in China in 1890 were "practically unlimited" and the need for additional workers "very urgent."[65] Although almost half of the CIM missionaries in China were single women, an estimation that "the proportion of *three* or *four* lady workers to *one* male missionary would not be too large" because of the unique nature of women's work in China (p. 180, emphasis in original). To the CIM, women's work was a particular important Christian ministry because,

> When Jesus Christ came He found women systematically degraded, debased, imbruted by philosophy and pagan religion [not unlike Chinese women]. He came, her truest friend, to give her a social resurrection, to formulate principles and illustrate them . . . The tendency of Christianity is to lift woman up, to elevate her to a higher plane. It has given to woman a larger sphere and has increased her intellectually . . . (pp. 163-4).

In a similar way, the Canadian Presbyterians believed that the "rightful destiny" of woman could not be reached apart from Christ, and that "nowhere outside of lands influenced by His Gospel has a woman been accorded her rightful sphere."[66] That is, Christian women were to be treated with chivalry and respect. This is not to say that women had authoritative equality, however: The WMS was subordinate to the FMB, and Presbyterian women in Canada and China could be neither elders nor voting members of Presbytery in the Presbyterian Church.[67]

If women's mission work in China was a virtuous calling, missionary nursing was an almost beatific vocation. In B.F. Austin's 1890 publication, nurses Florence Nightingale and Clara Barton were praised as "moral queens . . . nursing the worlds ills and shedding the radiance which alone springs from Christian women over battle fields, hospital and home" (p. 164). Accordingly, prospective missionary nurses to China could expect to become "missionary angels stooping to lift the whole world's girlhood and womanhood, its wifehood, motherhood and widowhood up to the realization of God's ideal of woman." Such social elevation of women missionaries offered unmarried, educated and religiously devout Canadian women an unprecedented and socially sanctioned opportunity to fulfill personal ambitions. Those who were interested in becoming missionary nurses had the option of joining the interdenominational CIM. However, despite its attractive views on the eminent role of women, the CIM held other, less appealing views. First, unlike the salaried Canadian Presbyterians, CIM missionaries were expected to be entirely dependent on unsolicited contributions. Second, CIM missionaries were expected to adapt native dress and live amongst the Chinese themselves, whereas the

Presbyterians lived together in small clusters – which later grew into large, walled, insulated (and somewhat insular) communities. Third, while the CIM insisted that their women workers be young (preferably less than 25), the Presbyterians came to prefer older women. Finally, the CIM did not value preconceived "methods and plans" as much as the Presbyterians did. To the CIM, the most important characteristic of a prospective missionary was,

> unreserved consecration and submission to the will of God, and that filling with the Holy Ghost without which the most earnest work will fail and be ineffectual. To be filled with the spirit is supremely important (p. 181).

Being "filled with the Holy Spirit" involved relying completely on God, trusting Him for daily requirements, direction and, when necessary, miraculous intervention. Devotion and zeal were more valuable than particular skills or goals. God would lead. While Rev. Jonathan and Rosalind Goforth held a CIM-like view of missions as wholly reliant on an "outpouring of His Holy Spirit" which would only come through regular prayer, scripture study, a surrender of one's will, and suppression of personal desires, the North Honan Mission as a whole were arguably more pragmatic and academic than the CIM. The Presbyterians valued educational preparation, institutions and governing bodies, and pre-determined goals. Prospective Presbyterian missionaries were required to have formally professed their Christian faith and commitment to evangelical ideals; they were also required to have specialized skills. In the early years, the North Honan Mission particularly valued women with nursing or medical skills.

Soul Sepsis and the Gospel of Soap and Water

Nursing was an ideal vocation for prospective Presbyterian missionaries. Nurses, along with the physicians they worked with, had the ability to make a significant impact on the health and well being of the Chinese because of recent advances in western science. The need for preventative and interventive medical and nursing care seemed endless. To Frazer Smith,

> The reason why such a large proportion of the people are ill and suffering is the general lack of scientific knowledge and skill, and the woeful ignorance among all classes, of the fundamental principles of health and hygiene. Add to this the want of proper nourishment, of shelter and heat, the absence of all sanitary precaution, the myriads of germ-laden mosquitoes, the unhindered multiplication of fleas, flies, bedbugs, lice and all other disease carriers, the wonder is that there are so many people in China who are healthy and vigorous. The theory of 'survival of the fittest' is fully exemplified, as the mortality in infancy and childhood is very high, and only the most robust children are able to survive.[68]

Dr. Frazer Smith's description underscores the unsanitary and harsh conditions under which the Chinese purportedly lived. Interestingly, Frazer Smith acknowledged that *something* not fully understood by the Canadians was contributing to health and vitality among the Chinese. He recognized the value of traditional Chinese medicine, crediting the Chinese for "their efforts in research work, as some native works on medicine go back to about twenty-five hundred years before the Christian Era" (pp. 103-4). Similarly, North Honan missionary Murdoch MacKenzie noted that some native methods of treatment were beneficial, and that "certain herbs are known to have marked value in the relief of certain forms of disease."[69] Despite any acknowledgement of the value of Chinese medicine, however, Honan was considered a land of (western) medical opportunity. Dubbed "the open sore of the world", Honan seemed to be teeming with communicable disease, dental abscesses, infections and tumors – conditions that medical missionaries were generally equipped to effectively treat.[70] As MacKenzie reflected,

> Some houses are saturated with deadly germs and need the gospel of soap and water, light and fresh air. Cleanliness, as well as godliness, is profitable for the life that now is, in Honan as elsewhere (p. 141).

In light of western science, the traditional Chinese theories of the cause and cure of disease seemed very crude to foreign missionaries. At best, Chinese medicine was seen as an outmoded approach to disease – valuable to a degree, but outpaced by advances in western scientific knowledge. Chinese practitioners were limited by their "background of physiology, physics and philosophy" and by their "crass ignorance in regard to the causes of diseases and their means of remedy."[71] At worst, Chinese medicine was perceived as superstitious, arcane and even harmful. According to F. L. Hawks Pott in 1913, "In nothing perhaps is [China] more bigoted than in its own ancient system of healing (p. 221). Most disturbing to Dr. Frazer Smith was the Chinese belief,

> that all diseases are the work of evil spirits, and that these spirits must be driven forth to affect a cure. There is scarcely anything more weird than the procedure they follow in driving out the demon. An exorcist is engaged at a good price, who comes with a large number of his followers carrying cymbals, drums and horns, together with some of their idols . . . What with the clanging of cymbals, the beating of drums and the roar of so many voices shouting out their incantations, the wonder is that anyone recovers . . . If, as too often happens, the patient dies, then another evil spirit gets all the blame (p. 103).

Christians were not unfamiliar with the idea of demon possession – New Testament scriptures were filled with examples of Christians driving out evil spirits who were thought to cause a myriad of ailments in their human hosts. Yet, Canadian medical missionaries were more inclined to look for scientific causes and effects. They considered the rational science of medicine to be a "saner method of dealing with disease" than Chinese superstitions and traditional rituals.[72] To North Honan Missionaries, Chinese beliefs about evil spirits were rooted in the religion of Taoism. Murdoch MacKenzie wrote that the effect of Taoism was to bring Chinese into "bondage with demons, and to innumerable spirits of the dead" (p. 42). He criticized practices such as burning mock-money made of yellow or white tinsel in the shape of ingots "to ward off imaginary evils" as an enormous waste. Some Chinese beliefs, such as the understanding that "invisible agencies" cut off queues (long single braids worn by men) and kidnapped children, may have seemed bizarre to MacKenzie, but beliefs such as this directly impacted the relationship between the Chinese and early Canadian missionaries. Just as missionaries thought Chinese had peculiar rituals, the Chinese believed that "the barbarian doctor" had strange and potentially harmful practices. The *yang kwai* (foreign devils), MacKenzie wrote, were believed to bewitch people, capture children and gouge out their eyes for medicine (p. 73). Jonathan Goforth agreed with MacKenzie's perception. He commented about the year 1893, writing,

> They say that we kidnap these little ones and scoop out their eyes and cut out their hearts to manufacture our medicines . . . [a mandarin made a proclamation] warning parents to keep a sharp eye on their children.[73]

Characteristically unperturbed, Goforth took such claims to mean that the Chinese were amazed by the efficacy of foreign medicine; such efficacious medicine must contain something precious. At the same time, fear and dislike of foreigners seemed to seethe beneath the surface of every interaction. Even the most cordial and polite interactions could erupt into violence, and curious crowds could turn hostile – shoving and kicking, unsheathing knives, or showering the missionaries with "clods and bricks" (p. 100). To the missionaries, danger always lurked.

Once, shortly after the Canadians were established in Changte, a group named the "Blood Spilling Guild" rushed into the compound yard brandishing knives, their faces and hands smeared with their own blood. According to the 1937 memoirs of Dr. Frazer Smith, this group attacked missionaries MacVicar and MacGillivray and held them for five hours. Frazer Smith, returning from a trip, unwittingly stumbled into the middle of the commotion and was told that the guild was demanding monetary compensation for the life of a man killed in the Canadian yard. Frazer Smith was taken to the 'dead man' who was smeared with blood and lying on a plank. After feeling the man's beating heart and recognizing the ruse, Frazer Smith indignantly "gave him a smart tap on a very responsive part of his person which made him squirm and cry out;" the attempt at extortion was abandoned (p. 155). The Canadians had their share of narrow escapes from angry mobs, although nothing would compare to their dramatic flight from the Boxers.

The Boxer Uprising

The dawn of the 20th century did not look promising for North Honan. As Frazer Smith later recalled, there were numerous local disturbances, the crops had failed, food became scarce, thousands of people were on the verge of starvation, and large bands of hungry, desperate men were roving about, "raiding and plundering."[74] The North Honan missionaries, no strangers to adversity and anti-foreignism, experienced a heightened sense of apprehension. According to Rev. Murdoch MacKenzie, there were two storm centers in the world in 1900: South Africa (Boer War) and East Asia (Sino-Japanese War). The eyes of the world had recently turned to Asia after "big China had suffered disastrous defeat at the hands of little Japan" in 1894.[75] As MacKenzie understood it, "China's weakness, for the first time, became known to all the world." The world rushed in to take advantage of its weakened state; China's navy was annihilated or captured and her army routed. Furthermore, China was forced to cede Formosa [Taiwan] to Japan, and was burdened with a war indemnity owed to Japan. However, the "unkindest cut of all," according Dr. James Frazer Smith, was the attitude of other nations towards China during this period. (p. 256). As China lay "completely shattered," western nations vied with one another for "selfish and unwarranted demands for all sorts of special privileges and spheres of influence," and sought to partition China into regions under their own control. In what Honan missionary Margaret Brown later called a "policy of grab," powerful countries forced China to give long-term leases and exclusive railway and mining concessions in different regions, including: the Liaotung peninsula (Russia); the port of Tsintao, Kiaochow peninsula and Shantung (Germany); Weihaiwei (Britain - not to be confused with Weihwei) and Hong Kong (Great Britain); Kwangchow (France); and leases for railways (Belgian and America).[76]

To the North Honan missionaries like Dr. Frazer Smith, it was not surprising that an increasing number of the Chinese became "bitter in their opposition to the presence of foreigners in their country" (p. 256). The political tension mounted, as did "violent and bloody encounters between the officials and [the] famished hordes." Although it is unclear to what extent the North Honan missionaries knew about the Boxer Society *per se*, the Goforths did sense that the "political situation was becoming daily more threatening . . . the very air felt electric."[77] In the early months of 1900 the Canadians hoped the storm would pass, and went forward with their plans to purchase land for a new compound at Weihwei – to replace the station at Hsin-chen, where not much progress had been made.[78] Now numbering twenty-one adults, the missionaries spread themselves around their mission stations at Chu-wang, Changte, Hsin-chen and Hwailung. Against the backdrop of mounting political tension, the Canadians optimistically made expansion plans.

Communication was difficult in North Honan. Because of the distance between the various mission stations, the North Honan missionaries used messengers to send letters across the miles. They counted on letters from Canada to keep them updated on world events. Although the English-language *North China Daily News* was being published, it is not clear whether the Canadians had regular access to it in those years. Rumors abounded, and it was difficult to distinguish between gossip and fact. Rosalind Goforth wrote of one rumor circulating in Changte, that a roving band of fifty or more men were planning to march on the mission station with the purpose of "destroying the property and massacring the foreigners."[79] There was a similar rumor of an impending attack in Chu-wang.[80] In the early spring of 1900, the missionaries were on edge. Dr. Malcolm's second wife Eliza was the "first to succumb" to the emotional pressure.[81] She became "inconsolably depressed" and "on the verge of a nervous breakdown" after the birth of her second baby. Dr. Malcolm took Eliza to the coast in April to recover, and then to Japan – a move that inadvertently protected them from the Boxer Uprising a few months later.[82] The apprehension missionaries felt is exemplified by their response to events on 5 March 1900. On that date Miss Margaret McIntosh and Mrs. Martha MacKenzie dispatched a letter from their mission station at Hwailung to the station at Chu-wang stating that a mob was threatening them, and asking that help be sent promptly. Honan missionary Rev. Harvey Grant immediately secured a cart and traveled to Hwailung, reaching the mission station within nine hours of receiving the letter. Despite finding everything quiet, he escorted McIntosh and MacKenzie back to Chu-wang. It was a long ways to go for such chivalry, but apparently not unwarranted. Rumors of "bands of Boxers crossing the [Yellow] river [from Shantung province]" intensified during that spring and summer.[83]

The anti-foreign movement that came to be known as the 'Boxer Uprising' or 'Boxer Rebellion' [*Yihetuan*] of 1900, originated in Shantung [Shandong] province in the late 1890s. According to Dr. Frazer Smith, the Boxer Uprising was initiated by an anti-dynastic group called the Boxer Society, whose motto was "Fists for Justice and Peace."[84] As Frazer Smith understood it, the Boxers only became violently anti-foreign and anti-Christian after receiving support from the Empress Dowager. Their slogan was, "Every foreigner must be driven into the sea and every Chinese Christian who will not recant will be beheaded on the spot." The threat to the Honan Christians – both Chinese and Canadian – seemed imminent. On 25 April 1900 two thousand Boxers attacked Roman Catholics near Paoting-Fu [Baoding]; on 1 June 1900, the Boxers killed Reverends Robinson and Norman of the SPG mission.[85] Why, then, did the Honan missionaries remain at their posts so long? The Honan missionaries later gave the explanation that they felt obliged to remain with the Chinese Christians, who were also under threat but could not escape.[86] They reported that, once they realized that they would not be able to protect the local Christians and that their presence might even "endanger the lives of their native brethren," they felt freer to leave.[87] It would be the first of many occasions where Canadians would express feeling torn between a desire to flee for safety, and a desire to stay in Honan to support their Chinese friends and neighbors during periods of national crises. Honan was the place they had committed themselves to live, and they were reluctant to uproot, for various reasons. One reason to stay was that the future seemed paradoxically bright for the medical missionaries: With six physicians, one nurse (McIntosh), and a newly approved mission site at Weihwei, medical work was poised to expand. Another reason was that, for missionary mothers, staying in Honan seemed safer than undertaking a treacherous journey with their young children. Finally, although the "Boxer and Big Sword Societies were growing very bold and outrageous," the missionaries reported that Chinese officials everywhere were showing themselves to be friendly and helpful.[88] The Canadians optimistically (or naïvely) hoped the troubles would be confined to the neighboring provinces.

As the Boxer trouble peaked in June, most of the Canadians were dispersed at the Changte, Chu-wang and Hsin-chen mission stations. Four of the six doctors would miss the subsequent dramatic escape: Drs. Margaret Wallace, William McClure and James R. Menzies were on vacation with their families at the coastal resort town of Peitaiho, and Dr. and Mrs. Malcolm had already left Honan in April. On June 10, all postal services to Honan were cut off. Within a few days the Honan missionaries received belated telegrams from the American Consul in Chefoo urging them to escape south because the northern route towards the treaty port of Tientsin was unsafe.[89] Shortly afterward, on June 20, the Chu-wang missionaries received the startling news that Drs. Wallace, McClure, and Menzies and their families had all been murdered enroute to Peitaiho. While the message proved to be false, it finally spurred the missionaries into action. The Chu-wang group, including two Chinese Christians, headed down river to join with the missionaries at Changte and Hsin-chen with the idea of escaping Honan together.[90] Within hours of their departure from Chu-wang, their two mission houses, dispensary, and chapel were looted and destroyed.[91]

The group of Canadian evacuees included fifteen adults and six young children.[92] The Goforths left behind the buried body of their eldest daughter, seven-year old Florence, who had just died of meningitis, on 19 June 1900.[93] The perilous flight from North Honan began only few days after her death, on June 28. Over the course of the next two weeks, the group traveled across Honan into the province of Hupeh [Hubei] by a caravan of ten large farmer carts "resembling gipsy wagons" with coarse straw mats and quilts as awnings to protect them from the scorching sun. They spent an additional, albeit less treacherous, two weeks traveling by boat through Hankow [Wuhan], to Shanghai, arriving on July 24. Although the entire journey was difficult, it was the events of July 8 that would become legendary among the Canadian Presbyterians, and would confirm to both current and prospective missionaries that they could trust in the "guidance and protecting care of the Living God" under the most treacherous of circumstances.[94] If they survived the Boxer Uprising, they could survive anything.

"Our Thousand Miles of Miracle"

Although Margaret McIntosh did not leave a personal record of her experience of her escape from the Boxers, many of the other missionaries did, including Rosalind Goforth, Murdoch MacKenzie, Percy Leslie, Isabella Leslie, and John Griffith.[95] In addition, Honan missionaries James Frazer Smith and Margaret Brown wrote detailed secondary accounts of the events.[96] One cannot overestimate the significance of the experience for the Honan missionaries who lived through it, as well as for those who joined the mission later. Arguably, the preparation, expectations and perseverance demonstrated by subsequent missionary nurses were rooted in the Honan Mission's experience with – and response to – the Boxer Uprising.

The group of evacuees was divided into two parties – the missionaries from Hsin-chen joined three American escorts from the Peking Syndicate, while the missionaries from Chu-wang and Changte traveled as one group with hired Chinese escorts. On 7 July 1900 both parties reached Hsin-tien, where they learned that Roman Catholic property in the nearby city of Nan-yang had been burned. The group settled uneasily for the night behind an inn's closed gates, which they buttressed with their carts. Having refused a robber's demand for silver, three of the missionary men kept watch with revolvers in hand. In the morning the weary missionaries headed out with their cavalcade of carts into the streets of Hsin-tien. John Griffith later wrote,

> The whole street was densely packed with a mob seething with scarce-suppressed excitement . . . One could judge that not fewer than ten thousand were out to see what was going to happen to the fugitive "foreign devils." During our passage along the street and ominous silence reigned; but once outside the town gate it soon became apparent what had been prepared for us. On one side stood a group of more than one hundred villainous looking men armed with swords and other weapons . . . no sooner had the carts entered into [a short stretch of deep road ahead] than, with a wild yell, the attackers rushed upon us with a volley of heavy stones . . . followed by a rush with swords. [97]

During the first rush at the carts, the assailants slashed the leader-mules across their necks and backs, killing or disabling several of them. The carts became tangled, bringing all to a standstill. Dr. Percy Leslie, sitting tailor-style in the second cart with his revolver against his knee, received a blow from a short sword that broke his right wrist. Griffith and MacKenzie reportedly shot their revolvers into the air to stop the rushing crowd. Although Griffith wrote that the blow to Leslie broke the latter's revolver into two pieces, Mrs. Leslie's *enroute* account stated that her husband used his uninjured left hand to fire his revolver, striking and possibly killing one of the assailants. She wrote, "I don't think Percy regrets anything more than that for we heard later that he had died, poor fellow, without a chance." [98] She added in brackets, "Later again, we heard that the man lived." In an account written sixty years later, Dr. Leslie wrote that, while he did strike one of the bandits, the man "still managed to walk away," and Leslie handed over his empty revolver to a second bandit.[99] The missionaries did not publicize such attempts at self-defense, perhaps out of embarrassment, or possibly to preserve their pacifistic image.[100] Although aggression may not have befitted a Christian missionary, chivalry and self-sacrifice did: Most of the memoirs and accounts emphasized examples of the men shielding the women and children with their bodies as swords and bricks flew; even the Goforth's *amah* (nursemaid) Mrs. Cheng was repeatedly praised for her protection of young Ruth Goforth, whom she shielded from "cruel blows."[101]

Four of the Canadian men and one of their Chinese friends were seriously injured during the attack; others were wounded with stones and blunt weapons. Dr. Leslie's wrist and knee were slashed and broken, and he had a serious wound on his instep. Griffith had gashes to his palm, fingers and forehead, and MacKenzie had a sword cut on his head. Rev. Goforth was struck on the back of the neck and head with a two-handed sword, the pith helmet he was wearing was hacked to pieces and his left arm, raised to protect his head, was slashed to the bone. Cheng Pi-Yueh, one of the Chinese Christians who accompanied them from Honan, received at least two sword wounds. After the attack, the stunned group moved away from the carts, which were then searched and stripped of any valuables, with the robbers "slashing the cart ropes, dragging off and smashing open boxes and trunks and fighting each other for the contents."[102] Mrs. Goforth was even relieved of her shoes. Mrs. Goforth bound up her husband's wounds with a handkerchief. The Goforth family (minus Ruth, who was with Mrs. Cheng) dragged themselves to a nearby village, where Jonathan collapsed in the street surrounded by his weeping children. According to Rosalind Goforth,

> As my husband sank to the ground apparently bleeding to death, the [village] women all began to weep. This moved the [village] men to pity . . . they gathered around seeking to help. . . [one man] quickly returned with the palm of his hand piled up with a fine gray powder with which he filled the great open wound at the back of the head, instantly stopping the flow of blood. [103]

The villagers, who turned out to be Mohammedans, cared for the Goforths for a few hours, feeding them millet gruel and dried bread. One man gave Rosalind his old, worn shoes, and others brought old, soiled children's garments. Meanwhile, the rest of the Canadians spent the heat of the day on the roadside and were, according to Griffith, "exposed to the jaunts and jeers of a curious and ribald mob."[104] Rev. MacKenzie found the Goforths and brought them and what was left of the carts to the rest of the group. The group pushed on to the nearby city of Nan-yang where,

> The Roman Catholic fortified refuge outside Nan-yang was being besieged at this time, and the threats were that our party was to be murdered at that spot in order to terrify the Catholic Mission people (p. 48).

Having been refused a place to stay in Nan-yang, the Canadians headed out of that city between one and two a.m. after they had eaten, prepared their carts, and organized an escort of a dozen foot soldiers. They soon noticed that Griffith and nine-year old Paul Goforth were missing from their cart. After two hours of frantic searching, the Canadians felt obliged to give them up for lost. According to Mrs. Leslie, "Mr. Goforth said that we must go on as the whole party would be in danger if we waited."[105] The group met up with menacing mobs along the way but arrived safely in Hsin-yeh thirty hours after their violent attack. Dr. Jean Dow reportedly did her best to clean and dress the group's wounds, having already bound up Dr. Leslie's wounds with her torn up underskirt. Whether Margaret McIntosh assisted with care of the injured is unknown.

As arrangements were made for the next leg of the journey (Hsin-yeh to Fan-cheng to Hankow), the missionaries fell asleep on the brick bed and earthen floor of an inn in a state of utter exhaustion. Then, to everyone's amazement, Griffith and Paul Goforth showed up at midnight; Mrs. Goforth was so exhausted, she could not be roused from her deep sleep for the astonishing reunion. As it turned out, Griffith had taken Paul off their cart after becoming suspicious of the Chinese escort accompanying the Canadians out of Nan-yang; he had seen some of the guards whispering together and putting swords up their sleeves, and intended to follow the carts from a distance. The two got separated from the caravan, and attempted to follow a river that they thought would lead to Fan-cheng. They walked through the countryside to avoid crowds, but were still threatened with clubs and hoes. In one scuffle, Griffith shoved a man down a twenty-foot ravine. Griffith and Paul arrived in Hsin-yeh barefooted and shirtless. To the Canadian missionaries, this unexpected reunion was just one miracle along "our Thousand Miles of Miracle."[106]

On 10 July 1900, the group traveled safely from Hsin-yeh to Fan-cheng. They were amazed and relieved to have made it there alive. Yet, not everyone survived the ordeal. For the Slimmon baby, the heat, rough cart travel and irregularity of nourishment took its toll; she died one day after their arrival in Fan-cheng.[107] A Chinese coffin was secured, and her remains accompanied the group on their boat trip to Hankow, where she was buried. She was the second of four missionary children to die within two months: the Menzies's six-month-old son and the McClure's youngest daughter died shortly after these missionaries returned to Canada for furlough in August.[108] On 27 July 1900, the Canadians arrived in Shanghai, where they met up with Dr. and Mrs. McClure. The unanimous opinion of the group was that all women and children should return to Canada for their safety – except Dr. Margaret Wallace, who was accepted to work at the British Weihaiwei Military Hospital as a "nurse."[109] Arrangements were made for early furloughs and Margaret McIntosh, who was due furlough in 1902, traveled back home to Toronto. After a rest of just three months, McIntosh took up deputation work in Canada – sharing her missionary experiences with local congregations. This may have been the breaking point for McIntosh: her return to China was delayed by a year due to her ill health.[110]

Summary

Despite its enthusiastic beginnings, in terms of nursing progress the North Honan Mission was arguably further behind in 1900 than it was in 1889. Compounding the unanticipated loss of nurses Harriet Sutherland and Jennie Graham was the unforeseen loss of nursing's original supporter, Dr. James Frazer Smith. It fell to Margaret McIntosh to carry the 'nursing lamp' alone. It is not surprising that nursing development virtually stopped after Frazer Smith's departure, given all the barriers to nursing. For example, the Presbyterian Woman's Missionary Society became disenchanted with hiring nurses, MacGillivray's protested the presence of single women in Honan, missionary physicians displayed no interest in nursing assistance, and the mission officially valued evangelism over medical service. In addition, Margaret McIntosh was personally inclined toward evangelistic teaching. Without a hospital to work in, other nurses to collaborate with, or a physician to assist, her shift to full-time evangelistic work may have been inevitable. Furthermore, it is possible that McIntosh's experience with the death of her friends Dr. Lucinda Graham and Mrs. Christina Malcolm repelled her from close contact with potentially contagious patients. Finally, there were times when sheer survival demanded McIntosh's full attention, particularly during the Boxer Uprising. Thus, while Canadian nurse Louise Clara Preston later criticized McIntosh for the lack of nursing progress in North Honan, there seems to have been little to support its development at the end of the 19th century.

The events experienced during the Boxer Uprising set the tone for the North Honan Mission during the upcoming decades, and arguably influenced the expectations and attitudes held by missionary nurses who arrived after McIntosh. That is, those who lived through the "Thousand Miles of Miracle" came to see their experiences as evidence of God's provision, protection and divine favor towards them and their missionary endeavors. Indeed, when the Conference of Mission Boards in New York reported on 15 September 1900 that sixty adults and children from three American missions perished in the Boxer violence, the Canadian's escape "appeared a veritable miracle of God."[111] Just as the Canadian Presbyterian periodical *Westminster* hastened to publish the story of the missionaries' "miraculous escape" on 1 September 1900, subsequent missionary memoirs emphasized eleventh hour provisions, dramatic reunions, and startling individual missionary tenacity.[112]

To the missionaries and their supporters, the greatest proof of God's protection was that none of their group was fatally wounded during the Boxer Uprising. Evidence of divine intervention did not stop there, however. Some were surprised that their unattended, dirty wounds did not become infected. Others were amazed at their unlikely reunion with John Griffith and Paul Goforth. That none of the missionaries were killed was credited, in part, to the twosome's departure from the group: Griffith and young Paul's disappearance purportedly thwarted the plans of the Chinese escorts who aimed to kill the group under their care. Finally, according to John Griffith, there was an additional pragmatic, if not bigoted, explanation for their survival: They were able to prove to the mobs that they were British Protestants rather than French Catholics.[113]

Not only were their lives preserved through the Boxer Uprising – if one can discount the deaths of four children within two months – the Canadian missionaries were also transformed by their experience. Sixty years later, Dr. Percy C. Leslie made the interesting observation,

> My wife who had been a semi-invalid when we started our long uncomfortable journey had become strong and self possessed ever since the tragic attack made on us.[114]

The experiences of the first generation of missionary nurses set the foundation for those who followed. When the second generation of nurses began to arrive after 1914, they came with an assurance that, although the work could be arduous and dangerous, they could count on God's protection and intervention. Nurses looking for personal growth and meaningful work could find it in China, regardless of whether they achieved any significant professional accomplishments.

Notes

---

[1] Letter from Jonathan Goforth to FMB in 1888. in Margaret Brown, *History of the Honan (North China) Mission of the United Church of Canada, Originally a Mission of the Presbyterian Church in Canada.* (United Church of Canada/ Victoria University Archives [hereafter UCCVUA], photocopy), IV: 8.

[2] Brown, *History of NCM,* III: 8.

[3] James Frazer Smith, *Life's Waking Part.* (Toronto: Thomas Nelson and Sons, 1937): 74. It is interesting that later missionaries would point to the first seven *men* as the Honan pioneers: Smith, Goforth, McClure, MacGillivray, MacKenzie, MacVicar and MacDougall. See Dr. Alfred Gandier, "Happy fellowship in troubled times," Honan Messenger, XIII (6). UCCVUA 83.058 C Box 57 File 16 Series 3.

[4] Arriving in other provinces of China soon afterward were Canadian missionaries with the China Inland Mission (1888) and the Methodist Church of Canada (1891).

[5] Brown, *History of NCM,* XX: 1.

[6] Murray McCheyne Thomson, *A Daring Confidence: The Life and Times of Andrew Thomson in China, 1906 – 1942.* (Ottawa: Author, 1992).

[7] Brown, *History of NCM,* IV: 8. At the time there were five single missionary women in India under the Presbyterian WMS, but none of these were nurses. The Methodist WMS appointed nurse Amelia Brown to Szechwan in 1892, but she never arrived there; Jennie Ford arrived in Szechwan in 1895. The first American nurse to China was Elizabeth McKechnie, who came to Shanghai in 1894. See also Anna C. Jamme, "Nursing education in China," *American Journal of Nursing,* 1923, 23: 666-74.

[8] As an ancillary arm of the FMB, the WMS was not consulted about Sutherland's appointment, even though she would be working under WMS auspices. Brown, *History of NCM,* III: 8, IV: 8, 9; Frazer Smith, *Waking Part,* 74.

[9] Rosemary Gagan, "The Devil and His Works," in *A Sensitive Independence: Canadian Methodist Women Missionaries in Canada and the Orient, 1881-1925.* (Montreal: McGill-Queens University Press, 1992).

[10] Frazer Smith, *Waking Part,* 75.

[11] Brown, *History of NCM,* IV:9.

[12] Brown, *History of NCM,* IV:11. She was married the following September.

[13] It is not clear whether typical terms were five, six or seven years. It is most likely that they were six years, with a seventh year of furlough.

[14] Frazer Smith, *Waking Part,* 134.

[15] There is no record of the date of Harriet Sutherland's death in United Church records. Since she is listed on a 1925 document as still living, but was deceased before Frazer Smith published his book in 1937, she would have died sometime between 1925 and 1937.

[16] Brown, *History of NCM,* VII: 4.

[17] Brown, *History of NCM,* VII: 1, 2.

[18] Brown, *History of NCM,* VII-1; Murdoch MacKenzie, *Twenty-five years in Honan.* (Toronto: Presbyterian Board of Foreign Missions, 1913).

[19] According to Alvyn Austin, one wag suggested the North Honan Mission change its name to "McAll Mission" because of the predominance of Scottish names. Austin, *Saving China,* 40.

[20] The first non-nurse WMS missionaries were Minnie Pyke and Davina Robb, arriving in 1896.

[21] UCCVUA Biographical Files (hereafter Bio Files) of Margaret McIntosh and Jennie Graham.

[22] B. F. Austin, *Woman, Her Character, Culture and Calling: A Full Discussion of Woman's Work in the Home, the School, the Church, and the Social Circle.* (Brandford, ON: Book and Bible House, 1890): 180.

[23] Brown, *History of NCM,* VII: 5; UCCVUA Bio File McIntosh.

[24] Mrs. J. C. Griffith, "Pioneer WMS Worker," *Honan Messenger*, XIII (5) May 1927: 17-8. UCCVUA BV 3420.H6hmps.

[25] Brown, *History of NCM,* VII: 5.

[26] Brown, *History of NCM,* XIV: 5.

[27] Frazer Smith, *Waking Part,* 275.

---

[28] Rosalind Goforth, *Goforth of China*. (Toronto: McClelland & Stewart, 1937): 85

[29] Brown, *History of NCM*, LVII: 13.

[30] Frazer Smith, *Waking Part*, 196. They were still awaiting entrance to Changte.

[31] Brown, *History of NCM*, XVI: 5.

[32] Brown, *History of NCM*, XVIII: 10.

[33] Frazer Smith, *Waking Part*, 196-7.

[34] Brown reported that Mrs. Malcolm died of peritonitis. Brown, *History of NCM*, XVIII: 10.

[35] Brown, *History of NCM*, XVIII: 10.

[36] He later married Eliza Pringle and returned with her to China in 1897. List of missionaries who served in the Honan (North China Mission) before 1925. UCCVUA 83.045C Box 1 File 1.

[37] Louise Clara Preston, *Flowers Amongst the Debris: A Canadian Nurse in War Torn China*. Letters Compiled by Dr. Preston Robb (Brockville ON: Preston Robb, *n.d.*).

[38] Margaret MacIntosh, "Encouraging Incidents" letter from Hsin-chen 25 January 1893 UCCVUA 83.045C Box 7 File 113.

[39] Brown, *History of NCM*, XVI: 8.

[40] Brown, *History of NCM*, XXII: 3, XXXIV: 4. In 1894 McIntosh had managed to get a number of boys and girls together for elementary Christian instruction, teaching them to read and sing some hymns This work lasted for approximately one year, until she left Hsin-chen.

[41] That is, by the time this book was published, in 1890. Austin, *Women*," 46. Of 36 missions established in 1888 or earlier, thirty reported that they had hospitals or dispensaries by 1904: See Harlan P. Beach, "Statistics of Missions in China for 1904," *Dawn on the Hills of T'ang: Missions in China* (New York: Student Volunteer Movement for Foreign Missions, 1905, originally published in 1898): Appendix E.

[42] Title of poem by Rudyard Kipling, cited in Stursberg, *No Foreign Bones*, 8.

[43] MacKenzie, *Twenty-five Years*, 139.

[44] R. Goforth, *Goforth*, 346.

[45] Geo J. Bond, *Our Share in China and What We are Doing With It*. (Toronto: Missionary Society of the Methodist Church, 1909): 57; Henry Beets, "China as a Mission Field," *Toiling and Trusting: Fifty years of Christian Reformed Missions* (Grand Rapids, MI: Grand Rapids Printing, 1940): 220; Beach, *T'ang*, 11.

[46] Brown, *History of NCM*, XVII: 12. A Chapel was usually built adjacent to the dispensary, and was typically used as a patient waiting room.

[47] F. L. Hawks Pott, *The Emergency in China*. (New York: Missionary Education Movement of the United States and Canada, 1913): 221.

[48] MacKenzie, *Twenty-five Years*, 143.

[49] Frazer Smith, *Waking Part*, 102.

[50] Frazer Smith, *Waking Part*, 104-108.

[51] Beach, *T'ang*, 110.

[52] Cited in Mrs. Howard Taylor, *Guinness of Honan*, (Toronto: China Inland Mission, 1930): 242-3. Dr Gibson was of the China Inland Mission at Kaifeng, Honan – south of the Yellow River from the Canadian Presbyterian North Honan Mission. Quotes are from "an article" written by Dr. Gibson.

[53] Mackenzie, *Twenty-five Years*, 231.

[54] Dr. Robert McClure, interview by Peter Stursberg, transcripts, 14 July 1976. National Archives of Canada (hereafter NAOC), MG 31 Series D78 Vol 44, File 44-29.

[55] Jonathan and Rosalind Goforth, "Earliest Trophies of Grace: The Blind Chief." *Miracle Lives of China*. (Grand Rapids: Zondervan, 1931): 1-9; Mackenzie, *Twenty-five Years*, 183-98; *The Honan Messenger* (1920) Weihwei, Honan April 20. Vol VI no. 4, in UCCVUA Bio File: James R. Menzies.

[56] Brown, *History of NCM*, LXVI: 7. She enrolled at Weihwei in 1923.

[57] Jean returned to China as a nurse in 1923. Her sister Georgina also returned as a nurse, in 1931.

[58] Hawks Pott, *Emergency*, 220.

[59] Austin, *Women*, 162-4; Beach, *T'ang*, 110-15; Bond, *Our Share*, 60.

---

[60] J. A. Chapleau, "The Chinaman in China," *Report on the Royal Commission on Chinese Immigration: Report and Evidence.* (Ottawa: Royal Commission, 1885).

[61] Chapleau, "Chinaman," LVIII-LXI.

[62] At the end of the railway construction, many Chinese moved from British Columbia eastward across Canada. The Chinese community in Toronto had fifteen laundries in 1888. See *Across the Generations: a History of Chinese in Canada* http://collections.ic.gc.ca/generations/community/community.html

[63] Austin, *Woman,* 177-181.

[64] Mackenzie, *Twenty-five Years,* 154.

[65] Austin, *Woman,* 180.

[66] MacKenzie, *Twenty-five Years,* 153.

[67] Brown, *History of NCM,* XVI: 1.

[68] Frazer Smith, *Waking Part,* 105.

[69] MacKenzie, *Twenty five Years,* 140.

[70] Taylor, *Guinness,* viii.

[71] Frazer Smith, *Waking Part,* 103; Hawks Pott, *Emergency,* 220.

[72] Hawks Pott, *Emergency,* 221.

[73] R. Goforth, *Goforth,* 98.

[74] Frazer Smith, *Waking Part,* 257.

[75] MacKenzie, *Twenty five Years,* 89.

[76] Brown, *History of NCM,* XXVII: 2,3.

[77] R. Goforth, *Goforth,* 126.

[78] Honan Mission Chronological Record [hereafter HMCR], p. 21 dated 16 Aug 1937 UCCVUA 83.058C Series 3 57-17; Brown, *History of NCM,* XXVII: 8.

[79] R. Goforth, *Goforth,* 127-8.

[80] Brown, *History of NCM,* XXVII: 11,12.

[81] Brown, *History of NCM,* XXVII: 8, 9.

[82] They presumably traveled on to Japan, since they were there on 27 July. Brown, *History of NCM,* XXVIII: 2.

[83] HMCR: 21.

[84] Frazer Smith, *Waking Part,* 257.

[85] HMCR: 21. SPG may have stood for the British "Society for the Propagation of the Gospel in North China."

[86] MacKenzie, *Twenty five Years,* 94; R. Goforth, *Goforth,* 130.

[87] MacKenzie, *Twenty five Years,* 94.

[88] Brown, *History of NCM,* XXVII: 7.

[89] HMCR: 21.

[90] One of these was Cheng Pi-Yueh, who later was the first Chinese in North Honan to be ordained a minister. Brown, *History of NCM,* XXVII: 19. It is possible that the other, Goforth's *amah* Mrs. Cheng, was his wife.

[91] Brown, *History of NCM,* XXVII: 13; Isabella O. Leslie, "Flight to Safety" UCCVUA 83.045C Box 13 File 244.

[92] Rev. Murdoch & Martha MacKenzie and son Douglas; Miss Margaret McIntosh; Dr. Jean Dow; Miss Minnie Pyke; Dr. Percy & Mrs. Isabella Leslie; Rev. Jonathan & Rosalind Goforth and children Paul, Helen, Ruth, and one other; Rev. John Griffith; Rev. James & Elizabeth Slimmon and infant; Rev. T. Craigie Hood; Rev. R.A & Jennie Mitchell.

[93] R. Goforth, *Goforth,* 128, 130.

[94] Frazer Smith, *Waking Part,* 258.

[95] R. Goforth, *Goforth,* 129-150; MacKenzie, *Twenty five Years,* 89-119; Percy C. Leslie, "A Survivor of the Boxer Outbreak" pamphlet written Spring of 1961. UCCVUA 83.045C Box 13 File 244; I. Leslie, "Flight." This record was written in pencil on a Chinese House Boat during the latter part of their journey. These notes were found in Mrs. Leslie's personal affects after her death in 1949. They had been intended for her family should she die during the uprising; John Griffith, "Escape from Honan in 1900," memoirs written 1937, UCCVUA 83.058C, Series 3, 57-17.

[96] Frazer Smith, *Waking Part,* 256-264; Brown, *History of NCM,* XXVII: 1-26.

---

[97] Griffith, "Escape," 46-7.
[98] I. Leslie, "Flight," 3.
[99] P. Leslie, "Survivor."
[100] Although Margaret Brown later wrote that she did not recall ever seeing a Canadian missionary with a gun in her decades as a Honan missionary, at least two missionaries did carry guns at some point: Dr. Robert McClure, and Rev. Andrew Thomson. Dr. McClure candidly admitted to carrying a gun for personal protection. Rev. Thomson's son Murray recalled that, while his dad was against warfare, he had a gun to protect his family, and practiced by shooting against a wall. See Scott, *McClure;* Thomson, *Daring Confidence*.
[101] R. Goforth, *Goforth,* 138.
[102] Griffith, "Escape," 47.
[103] R. Goforth, *Goforth,* 137.
[104] Griffith, "Escape," 47.
[105] I. Leslie, "Flight," 5.
[106] R. Goforth, *Goforth,* 138. The phrase "Our thousand miles of miracle" may have been a reference to a book published in 1904 by Archibald E. Glover entitled *A Thousand Miles of Miracle.* According to Frances Wood, this was one among many books written to commemorate the massacre of Protestants – and a particularly angry and defiant one. See Frances Wood, *No Dogs and Not Many Chinese: Treaty Port Life in China, 1843-1943* (London, UK: John Murray, 1998): 160.
[107] Brown, *History of NCM,* XXVII: 23.
[108] Brown, *History of NCM,* XXVII: 9.
[109] Brown, *History of NCM,* XXVIII, 1-2. The British Government had appealed for interpreters and nurses, presumably to help them in the conflict against the Boxers. Brown is not clear regarding what initiated the appeal.
[110] Brown, *History of NCM,* XXIX: 4.
[111] Brown, *History of NCM,* XXVIII: 10.
[112] Brown, *History of NCM,* XXVIII: 9.
[113] P. Leslie, "Survivor;" R. Goforth, *Goforth,* 143, 147; MacKenzie, *Twenty five Years,* 99; Griffith, "Escape," 48; Brown, *History of NCM,* XXVII: 22.
[114] P. Leslie, "Survivor."

CHAPTER 2

FROM 1901 TO THE 1920 MENZIES MURDER: VISIONS, INTERRUPTED

Measure thy life by loss and not by gain . . .He who suffers most has most to give.

-Jonathan Goforth, Sermon in the Hospital[1]

Picking up the Pieces

When some of the Canadian missionaries returned to Honan in September 1901 – a year after their dramatic exodus – officials at Chu-wang and Changte unexpectedly welcomed them. The Canadians found themselves guests of honor at feasts and official calls. This turnaround was no doubt related to the Boxer defeat by foreign powers: A combined group of 20,000 British, Japanese, Russian, American and French troops had 'liberated' Tientsin on 14 June, and Peking on 14 August 1900. All told, the Boxer massacre had claimed the lives of 188 Protestant missionaries, 22 Roman Catholic priests and nuns, and thousands of Chinese Christians. In addition, many Chinese also died at the hands of the foreign troops.[2] A peace treaty known as the Boxer protocol required the Chinese to pay indemnities for damages; the hefty sum of 450 million taels ensured Chinese dependence on foreigners. It also foreshadowed the reactive rise in Chinese nationalism over the next three decades. For the time being, though, anti-foreignism was subdued. According to Margaret Brown, the Chinese had an uneasy perception that foreigners held unlimited power.[3]

Upon their arrival in Honan, the first group of Canadian returnees found that, although their houses need considerable repair, their Changte property had been relatively well protected and much of their personal belongings had been safely preserved. Chu-wang and Hsin-chen did not fare so well. The chapel and hospital at Chu-wang lost doors and windows, the dispensary lost its wooden floor, the residences were beyond repair, and the contents were entirely gone.[4] Taking advantage of the promised Boxer Indemnity, the missionaries made a claim for $50,000.[5]

Missionaries not only found unanticipated support by the Chinese, they also enjoyed increased financial support from the homeland. The eyes of the world had been on China during the Boxer crisis. Canadian Presbyterians who may not have paid much attention to their China missionaries before 1900 took notice now. In Toronto, the Bloor Street Church requested permission to support Dr. James and Davina Menzies over and above their regular offerings; St. John's Church made a similar request for Rev. T. Craigie Hood.[6] Backed by enthusiastic financial promise, the missionaries began to reconstruct the mission stations. By April 1902 more missionaries had returned to Honan, including Dr. Jean Dow, Minnie Pyke, Mrs. Davina Menzies and her three-year old daughter Jean. Margaret McIntosh, who had not been well, delayed her return to Changte until November 1902. [7] [See Figure 2.1]

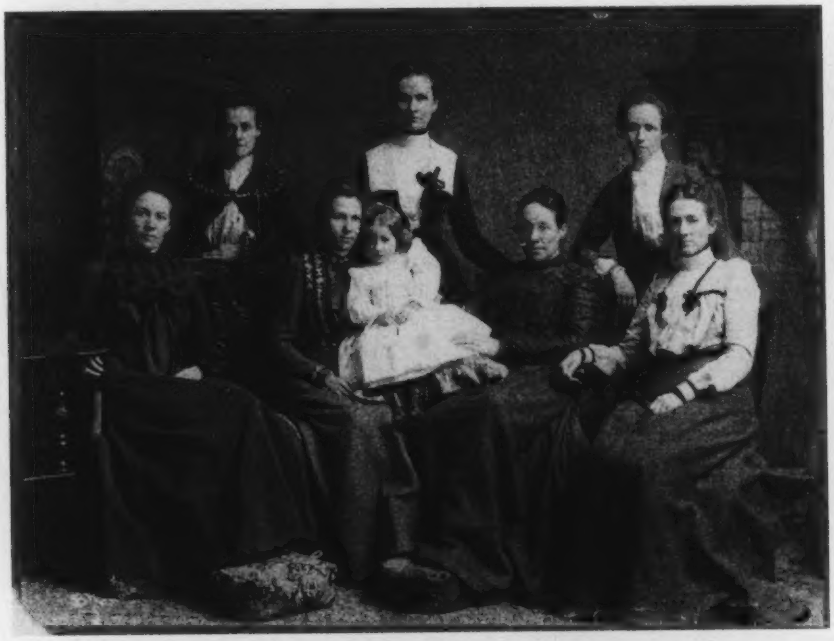


Figure 2.1: Female missionaries c.1903
Margaret McIntosh (back row, far left), Jean Dow, Eliza Malcolm, Martha MacKenzie, Jean Menzies (child), Davina Menzies, Rosalind Goforth, Minnie Pyke
UCCVUA 1999.001P/2502

The Noisome Pestilence

By mid-1902 the Honan Mission was "buoyantly hopeful."[8] They now occupied three prefectural cities: Changte, Weihwei and Hwaiking. Dr. Dow and Miss Pyke were "rejoicing" that

Miss McIntosh was sufficiently recovered to "join them and help to seize the wonderful new opportunities opening up for women workers."[9] The three women moved in together at a residence built for single missionary ladies at Changte, and enjoyed a sense of companionship, if not single-mindedness [See Figure 2.2]. Curiously, Margaret McIntosh did not work with Dr. Jean Dow when the latter began a woman's hospital at Changte. Although McIntosh's work was later described as "partly medical," there is little evidence that she worked as a nurse after 1902. Instead, she "did a lot of traveling in the rural areas in training women in Bible School and general evangelistic work"[10]

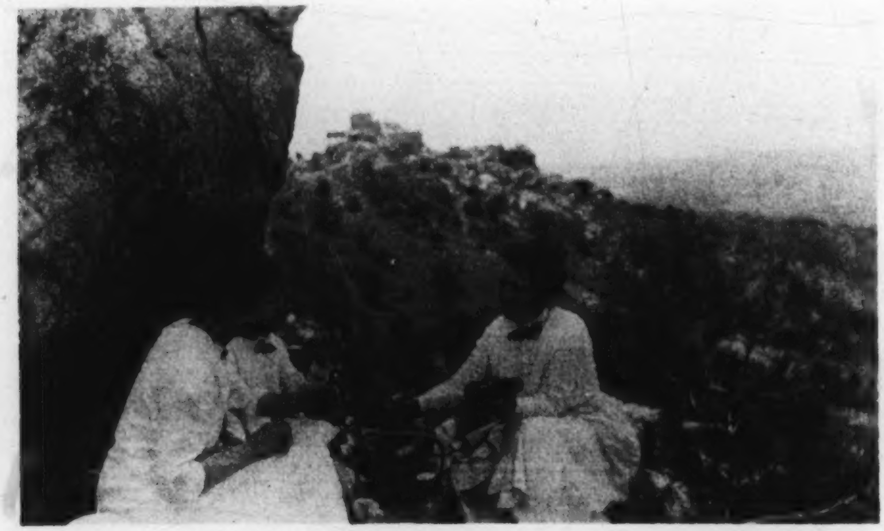
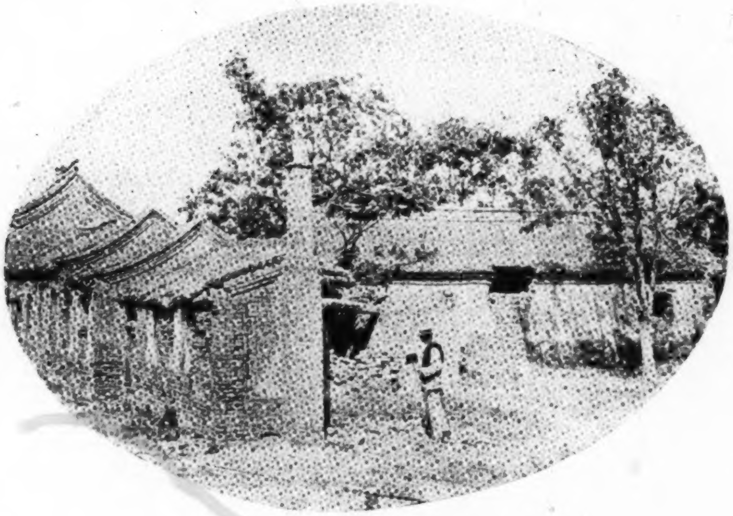


Figure 2.2: Isabella McIntosh, Jean Dow, Margaret McIntosh (behind) and Minnie Pyke (?)
UCCVUA 76.001P-4466

For the Honan missionaries, personal exposure to communicable disease quickly took precedence as their most pressing concern in 1902. In July, a cholera outbreak reached Changte, and Dr. James Menzies recommended that the missionaries boil their water, buy no fruit and only minimal vegetables, and eat nothing uncooked; the missionaries agreed, but found it difficult to convey these precautions to their Chinese cooks. Dr. Menzies was also concerned about the missionaries' regular exposure to the seventy Chinese construction workers and the crowds of patients and their friends. Despite his private fear of contagious disease, Menzies wrote that the Canadian missionaries were used to contagious disease and that, "in the noisome pestilence He preserves us."[11] Dr. Menzies was not the only one concerned about contracting disease. Dr. William Malcolm and his second wife Eliza were exposed to tuberculosis on their journey from Tientsin to Honan in September 1902. Not only was the boatman and his family coughing, the boat was infested with mosquitoes, lice, cockroaches and "very large rats."[12] The Malcolm's attempted to protect themselves with mosquito nets, which kept the rats from running over their faces. After their arduous journey (which also included the sinking of their boat and a subsequent rescue by the Goforths), the Malcolms arrived in Honan on 16 September 1902 with mixed feelings about returning to China. Their trouble, as it turned out, was only beginning.

Within days of the Malcolm's arrival, a telegram came from the Honan Mission at Hwaiking announcing the death of Rev. T. Craigie Hood from cholera on 19 September 1902. Shortly afterward, little Wallace Goforth and his sister Constance fell ill with dysentery. Wallace recovered, but Constance died, a day before her first birthday. She was the fifth Goforth child to be buried in China.[13] Dr. Malcolm expressed concern about the Goforth's Chinese-style house – presumably because it seemed dark and airless – and blamed the Goforth's cook for the illness in the household [See Figure 2.4]. And, like Dr. Menzies, Dr. Malcolm faulted the Chinese construction workers for carrying disease into the mission compound.



Early Homes of Missionaries in Honan

Figure 2.3: Pre-1900 Homes of Honan Missionaries
Murdoch MacKenzie, 1913

The Canadians' experiences of illness, death and violence influenced some of their subsequent decisions about new construction at the mission stations. They built large, airy houses with the hope of diminishing risk of communicable disease [See Figures 2.4 and 2.5]. They placed walls and gates around their expanding compounds in attempts to control the entrance of those with contagious germs, as well as to prevent the entrance of those with violent intentions. According to Dr. William McClure's son Robert, who was born in 1900 as a Boxer exile and reared in Honan, the walls and gates of the compound served as protection against anti-foreign riots.[14] At the time, little thought was given as to the affect these decisions would have on the Chinese.[15] Later, the walls and foreign-style buildings (not to mention the restorative summer holidays at coastal resorts) came to symbolize – and amplify – the disparity between foreign missionaries and their Chinese neighbors.[16] But in the early 1900s, such protective measures seemed both prudent and necessary.

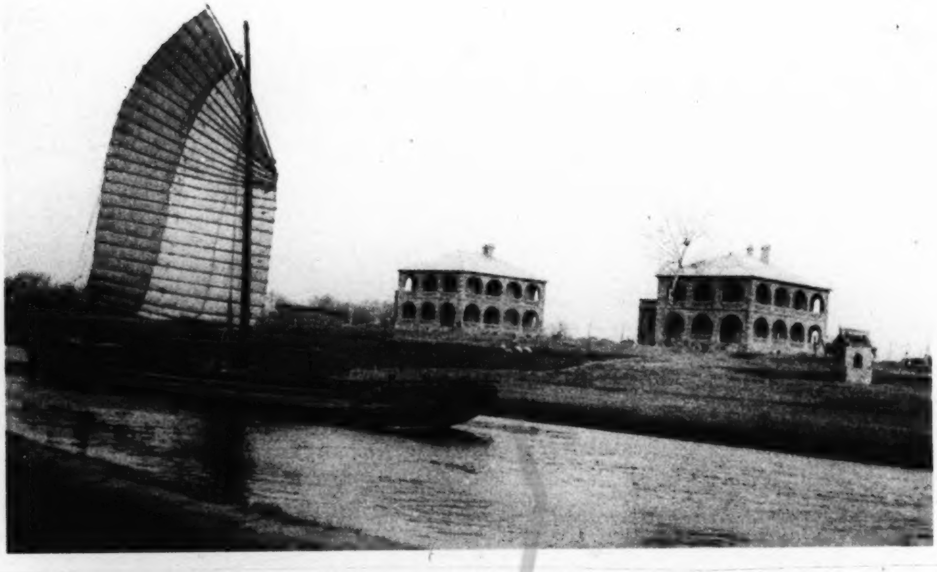


Figure 2.4: Post-1900 Missionary homes at Weihwei, along Wei River
E.B. Struthers Collection, courtesy Dr. Mary Struthers McKim

Figure 2.5: Hwaiking compound residences
E.B. Struthers Collection, courtesy Dr. Mary Struthers McKim

A year after the deaths of Craigie Hood and Constance Goforth, the missionaries were again faced with serious illness. The newly arrived Rev. Harold M. Clark contracted cholera while still enroute to Honan via the coastal city of Tientsin [Tianjin], and Dr. Malcolm's son was seriously ill. Dr. Malcolm and Dr. Menzies successfully treated Dr. Clark with "numerous injections of brandy, to which the heart and pulse responded," attributing Clark's survival to the fact that he was "a total abstainer."[17] Dr. Malcolm found himself at a crossroads. Having experienced the death of his first wife and the nervous breakdown of his second, Dr. Malcolm consulted with the others about what to do about his ill son. He agreed with their opinion that he return to Canada with his family. Dr. Malcolm reluctantly resigned and returned to Canada with his family. There his son later died.[18] Given the serious threat of illness, it is not surprising that the next nurse to be appointed to the Honan Mission was expressly hired to take care of the missionaries and their families – albeit not until twelve years later, in 1914.

Early Hospitals and Dispensaries

The Honan Mission maintained a policy of having a dispensary and hospital at each large station where missionaries resided. Before 1894, Dr. Frazer Smith had expressed his concern about the risk posed by having "hundreds of diseased people with no knowledge of contagion or infection, crowding into the small yard where the staff with little children lived."[19] Self-protection, he thought, demanded separate buildings for inpatients ("bed patients") and outpatients. An early priority was the construction of dispensaries, which were typically connected to chapels by a waiting room.[20] In Hsin-chen, the chapel itself doubled as a "hospital," where relatives "did the nursing."[21] Before 1900, overnight patients stayed at hostels, found a room with friends, or rented a room at one of the inns. They were fed and cared for by family members. Inpatients who required special care, such as post-cataract patients, were kept within the compound, staying either in the "street chapel" or in two small rooms "fitted up" especially for this purpose.[22]

After 1900, Dr. McClure moved with his family to Weihwei.[23] According to his son Dr. Robert McClure, the original hospital was primitive, and built within the compound walls. It was comprised of "low Chinese style buildings" because "that was the type of building that the Chinese were accustomed to living in." 'Chinese-style buildings' were typically a series of small, square rooms built around a center courtyard. Each building could have a different function: One might serve as a kitchen while others served as bedrooms [See Figure 2.6]. To Dr. Robert McClure,

> The theory of that type of hospital is extremely good. The idea is that you don't bring the person into a strange environment; you bring them into an environment something like he would have himself. Largely his relatives prepare his meals for him so that he is fed the things that he would get at home [and] the cost of feeding the patient is kept at a very low, low rate. [24]

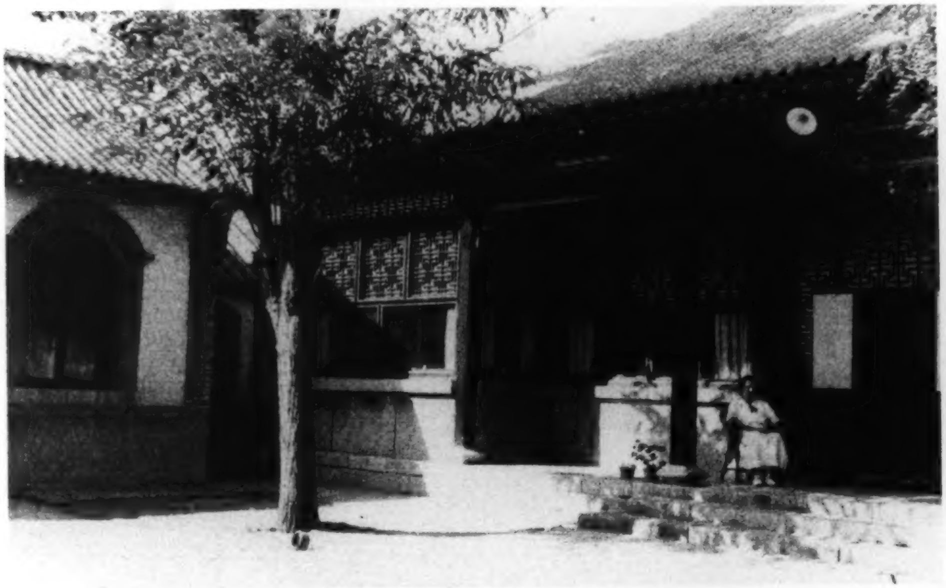


Figure 2.6: Dr. E.B. Struthers courtyard house at Tsinan
E.B. Struthers Collection, courtesy Dr. Mary Struthers McKim

Over time, although the Canadians still made regular medical trips into the countryside, more patients traveled to meet them at the mission compound. After 1900, patients would come to the dispensaries and primitive hospitals over long distances, as far as one hundred miles on foot. They made the pilgrimage as a last resort after traditional medical measures failed.[25] In 1903, little medical work was carried on at Weihwei, and none at Hwaiking: Dr. McClure (Weihwei) was occupied in Tientsin attending to Rev. Clark, and Dr. Menzies (Hwaiking) was preoccupied with construction plans. The medical work at Changte, however, increased steadily.

Over 17,000 patients were treated at Changte in 1903 (the average number of patients per day was forty-eight). Six new buildings had been erected, and the old buildings were transformed into a bright dispensary and chapel, and a separate Women's Hospital. There were an increasing number of in-patients and, according to the physicians, surgical work made considerable advances. For example, for the first time, a person consented to an amputation at the wrist and knee, while another consented to a partial tongue amputation. Most of the surgery was of the eyes: Dr. Leslie reported that, out of the 177 operations he performed that year, eighty-six were on the eye. [See Figure 2.7]. In 1904 Dr. Menzies began his medical work at Hwaiking, and Dr. Malcolm returned to Weihwei. Dr. Malcolm "plunged at once into medical work," reportedly providing 11,125 treatments and performing 135 operations that year. At Changte, the annual number of patients treated increased to over 23,000 (averaging sixty-three per day), plus an additional 1,125 treated by Dr. Dow at the new Women's Hospital. The Canadians were not the only Protestant missionaries expanding their medical work in 1904. That year forty-one international mission societies, including the Honan Mission, operated 318 hospitals and dispensaries in China.[26] The oldest missions ran most of these: Twenty belonged to the London Missionary Society (est. 1807), twenty-six to the American Presbyterian Board (est. 1845), and eighty-five to the China Inland Mission (est. 1854). By 1910, there were forty-seven mission societies administrating 435 hospitals and dispensaries in China.[27]

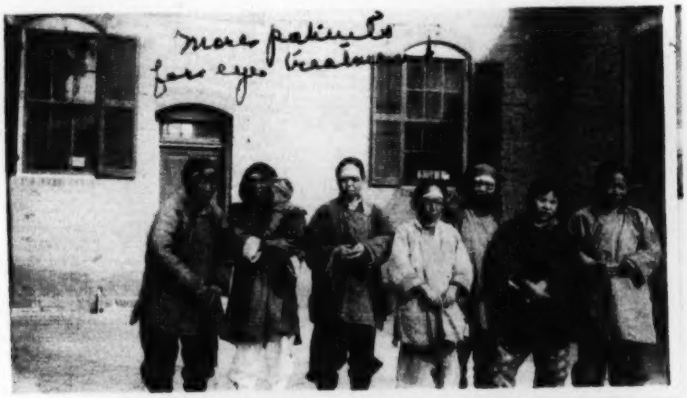


Figure 2.7: More Patients for Eye Treatment
UCCVUA 1999.001P-2395N

The subject of separate hospitals for women was controversial for the Honan missionaries. When the mission asked for two single women workers in 1903, they stressed that they were to be for evangelistic and *not* medical work. The members of the Weihwei station reportedly felt that,

> It would be a useless and unnecessary expense to open women's medical work at this station, and the majority of the Missionaries in the field, including the ladies at Changte Fu, sympathise with them in this view.[28]

Rev. Harvey Grant and his wife Dr. Susan (McCalla) Grant did not see a need for separate women's work. Having come from India where women's hospitals were absolutely necessary for the women "shut in zenananas," Rev. Grant was impressed with how freely Chinese women moved about. Dr. Jean Dow, however, remained committed to the idea of a separate hospital for women, and worked at the Women's Hospital at Changte until her death in 1927. Subsequent missionaries criticized Dow's commitment, since "excellent medical work for women was being done in both Weihwei and Hwaiking for many years in one General hospital without even a woman doctor."[29] This was a complete reversal of opinion from the 1890s, when the Honan Mission vigorously endorsed separate "Women's Work for Women." Why the change in sentiment? Possibly the initial, collective opinion of Jonathan Goforth, Thomas Paton and Hudson Taylor that only female missionaries could access Chinese women was erroneously based. Since most of the American and British missionary experience to that point had been in cosmopolitan treaty ports like Tientsin, the idea that men's and women's work should be separate may have been accurate for urban communities, but not for rural Honan: Whereas upper-class, urban Chinese women were secluded, rural women in China's interior were not. [30]

As committed as Dr. Dow was to women's medical work, there is no evidence that she ever appealed for a nurse for her hospital. Nor did Dr. Leslie, Dr. Menzies, or Dr. Wm. McClure ever appeal for one. To Margaret Brown, the "Honan medical folk did not seem to place a high value on the contribution of nurses [despite the fact that] Dr. Frazer Smith . . . had set them a fine example."[31] In 1888 Dr. Frazer Smith had a vision of a thoroughly equipped hospital, moderate in size, staffed with three doctors and at least two graduate nurses. A quarter-century later, the sole WMS nurse busied herself with evangelistic work, and Frazer Smith's vision was still not realized. Although the original medical missionaries never did endorse nursing service, some of the younger medical missionaries began to ask why nursing services were so lacking. The issue was formally raised in 1909.

Recognizing a Need for Modern Nursing Services

In May of 1909 Dr. William J. Scott, a Honan missionary for three years, reported to the Honan Presbytery on the Hwaiking medical work, stating that he "deplored" the deficiency of nursing facilities there.[32] According to Dr. Scott's son, both Dr. Scott and his colleague Dr. O. Shirley McMurtry were "shocked" to discover "what was called a hospital in Honan," and to find that the hospital was "totally lacking in nursing service."[33] Their request to improve medical facilities – in part via a financial grant from McMurtry's father – was favorably received at first. However, Rev. Jonathan Goforth and other elders later objected to the scheme on the basis that it would undermine the evangelistic priority of the mission. The Honan Presbytery turned down the money, stating that it could not accept a grant that would be meant for materialist and non-religious purposes. The young physicians subsequently quit China because of the Honan Mission's refusal of the money, plus their negative attitude towards modern medicine. Years later, Dr. McMurtry was still bitter. He told his son that Goforth and some of the older missionaries perceived medical treatment as "just bait to bring in people for salvation."

The Honan Mission's rejection of the young physicians' plan in 1909 may have been a symbol of their unswerving devotion to what they saw as the greater Christian ideal of preaching and teaching, rather than a rejection of modern medical progress *per se*. The first generation of missionaries, with Goforth at their helm, was firmly committed to the idea of evangelism first. One notable exception was Dr. William McClure who, "as one of the few liberals" in the mission, was "completely polarized [from Goforth] in theology."[34] McClure, who did not hold a degree in theology, saw the practice of medicine as his main focus. At the same time, he was content with the old Chinese-style hospitals, and it was "not his piece of cake to design a new modern hospital with modern nursing services and that sort of thing." The second generation of medical missionaries, on the other hand, was committed to the both the primacy of medical practice, plus the idea of idea of building modern hospitals and providing state-of-the-art medical service. While Honan medical missionaries before and after 1900 perceived a strong relationship between Jesus' preaching and healing ministry, the younger missionaries coming out saw alleviation of physical suffering as a priority, and were keen to capitalize on advances in modern science to achieve the goal of health for Honan. The subsequent, subtle shift of emphasis on evangelism to medicine can be traced back to the mindset of the post-1900 group of missionaries.

For some, like Drs. Scott and McMurtry, it seemed ludicrous not to take advantage of new science, technology, and funding sources. For others, even if they came to China with the idea of evangelizing, the reality of the physical needs of the population stirred a desire to respond in more temporal, pragmatic way. This is exemplified by the explanation given by Rev. Andrew Thomson for his active support of a hospital project in Taokow in the 1920s. Thomson, who arrived in Honan in 1906, later defended his controversial action by saying,

> But, you say, why not be satisfied with your evangelistic work without taking on the responsibility and burden of attempting to run a hospital? [Because] I have with more or less devotion been giving my life to preaching and teaching. But how far can you go in teaching the life of Jesus without coming up against the sick folk of Galilee?[35]

Although there was always been a difference of opinion and personality between the Honan missionaries, the rift that formed between the older and younger generations of medical and nursing missionaries would eventually grow into a fissure. For the time being, the conservative Honan Presbytery stood firm. They could not justify accepting McMurtry's grant money in 1909. However, they *could* request new nurses – providing the nurses' function was primarily evangelical, since evangelism was still the "sole purpose for bringing out a nurse."[36] In its next list of needed recruits, the Presbytery requested five female evangelists, "two of them with nurses' training." As it was, no nurses responded to the appeal.[37] Among those who *did* respond, however, was Miss Margaret R. Gay. Gay was appointed to Honan as an evangelistic worker in 1910. Thirteen years later, she took up nurses' training at the Vancouver General Hospital School of Nursing, and subsequently worked as a missionary nurse at Honan, until 1941.

In October 1911, China was in the midst of another national crisis – the "First Revolution." After the Boxer Uprising in 1900, the Chinese government under the Manchu Ch'ing dynasty was considered hopelessly enfeebled and out of step with the rest of the world.[38] The Empress Dowager and her nephew (the Kuang-hsu Emperor) had died in 1908, leaving two-year old Aisin-Gioro Puyi to ascend the Ch'ing throne. The Chinese were ready for a change, and a series of anti-dynastic movements in 1911 culminated in the overthrow of Ch'ing dynasty. Dr. Sun Yat-sen was elected first President of the new Republic of China. The political turmoil did not directly affect the missionaries in North China. They were preoccupied with another threat – the pneumonic plague. Medical missionaries from all over North China offered their services to the government. The plague was stopped.[39] After proving itself during the pneumonic plague, western medicine was officially recognized by China. This signaled a turning point in Chinese attitude towards western ideas.[40] According to Dr. Robert McClure, suddenly it was a great thing to be western:

> [The Chinese] began to wear Fedora hats. They began to wear long-john underwear in the wintertime I remember. It was the mark of the modern man and to show that you had it, you wore it [over top of other clothes] . . . Those fellows felt absolutely 'the last word in modernity.'[41]

As western ideas gained popularity in China, missionaries enjoyed a new level of acceptance. The First Revolution left the Honan Mission on the verge of a Great Movement Forward.

The Second Generation of Nurses: McNeely, Gay and Ratcliffe

The focus of the Honan Mission was changing. While the older missionaries valued evangelistic practice, the newer missionaries were not so interested in direct preaching and soul winning.[42] The 1911 revolution opened up new opportunities for medical missions in general, and for nursing in particular. The Christian Medical Association of China, in an article on "The Work of Medical Missions in 1911" had a section on "Nursing" which stated,

> This has undoubtedly been the weakest side of Medical Mission work. Raw material for nurses, male and female, has been the only material available for each centre started . . . Experts are needed for teaching, and efforts are being made on all sides to better present conditions. Social conditions now permit of lady nurses coming to China as matrons both to men's and women's hospitals.[43]

The Honan Mission may have been unique in its opposition to medical endeavors in China, but its disinterest in nursing was not. In 1911, the China Medical Commission had found that only one in two hospitals had a nurse, and that there were only 140 nurses in all of China. Western missionaries had founded the Nurses Association of China (NAC) in 1908 with Mrs. Hart as the first President and Miss Maude Henderson as the Secretary, but they accomplished little during the first three years. It was Miss Nina D. Gage, a graduate from Wellesley College in New York City, who gave new impetus to NAC in 1912. Gage called a meeting in Kuling, where the nursing association drew up a constitution. The NAC aimed to raise the standard of training, adopting a uniform course of study, uniform examinations, and uniform rules governing candidates for the Association's diploma for nurses in China. Miss Gage was elected President.[44] Suddenly nursing seemed a viable profession.

In 1913 the Medical Missionary Association met in Peking, where the association expressed the purpose of medical missions in China: Medical missionaries were not to be considered as a "temporary expedient for opening the way for the Gospel, but as an integral, co-ordinate and permanent part of the missionary work of the Church."[45] They envisioned a cadre of union Medical Colleges at Mukden, Peking, Tsinan, Chengtu, Hankow, Nanking, Foochow and Canton, where different mission organizations could work together to "bring blessing and healing to the souls and bodies of the people of China and to give young men and women training in Medicine and Surgery." Not only were nurses were considered "indispensable" in all hospitals associated with Medical Colleges, but it was thought that a foreign-trained nurse should be present in every large hospital in China. Honan Presbytery discussed a report from the Medical Association meeting, and approved of the "idea" of entering union medical work with some established Medical College. They later chose the Shantung Christian University at Tsinan [also called "Cheeloo"] rather than the Peking Medical Union College [PUMC], because courses at Cheeloo would be taught in Chinese, whereas the PUMC planned to teach in English. As a result of the Medical Association report, the Honan Mission pressed the FMB to appoint more doctors, and sent cost estimates for a new modern hospital at Weihwei. Ironically, by the time the Honan Mission was ready to consider expansion of their medical work in this way, Drs. Scott and McMurtry had already resigned, in 1912 and 1913 respectively.[46]

In 1913, the Christian Medical Association of China prepared a pamphlet urging mission boards to have at least one foreign trained nurse in each hospital.[47] The Honan Mission appealed to the FMB for a fully qualified Canadian nurse – but not for hospital work. This nurse was to care for missionaries and their families who, in turn, would pay the Honan Mission for her services. Any spare time she had might be spent in the hospital. In response to the request, and on the recommendation of the WMS, the FMB appointed Miss Mary Elizabeth (Maisie) McNeely to Honan in 1914. McNeely started her tenure with language study along with other new Honan missionaries, including Rev. H. Stewart Forbes, Dr. Ernest B. Struthers, and Miss Sadie Lethbridge.[48] McNeely became engaged to Rev. Forbes. She resigned from the WMS in 1916, and transferred to her husband's board, the FMB. Although no longer officially a WMS missionary nurse, McNeely Forbes remained involved in nursing work at Honan until 1940 by occasionally volunteering her nursing services. The Honan Mission, now keen to have a nurse, sent a request to the FMB for McNeely's replacement before she even married. None was ever sent.[49] Nursing progress was thwarted, once again.

It was not only medical missionaries who perceived a need for expanded medical service in Honan in 1914. Non-medical missionaries like Rev. Andrew Thomson also felt burdened by the presence of illness around them. Similarly, evangelistic worker Margaret Russell Gay was daunted by the medical needs at Wuan, a small mission outpost where she worked from 1914 until 1920 [See Figure 2.8]. There had been a fledgling Canadian hospital at Wuan, but its two physicians had to leave for health reasons, and it was closed. The empty hospital haunted Gay, who later wrote,

> We passed the [hospital] buildings day after day, knowing that inside were beds, drugs, instruments, equipment of every kind, but neither nurse or doctor to carry on any work of healing for the many thousands in all that countryside who looked to our Mission for help in time of sickness. I traveled through the towns and villages in that region, but never could ask any sick person to come back with me to the Hospital. Never could I offer anything in the way of medical care, yet people would be carried many miles, arriving at our houses asking for help that they thought would surely be there.[50]

Eventually Gay acted on her desire to learn more about nursing by entering nurses training. In the meanwhile, she sent to the Evans' Bookstore in Shanghai for books on Nursing. These were "helpful," but not enough. She later sent for a correspondence course in nursing from the United States. It wasn't until her furlough in 1922 that Gay was able to pursue her nursing dream.

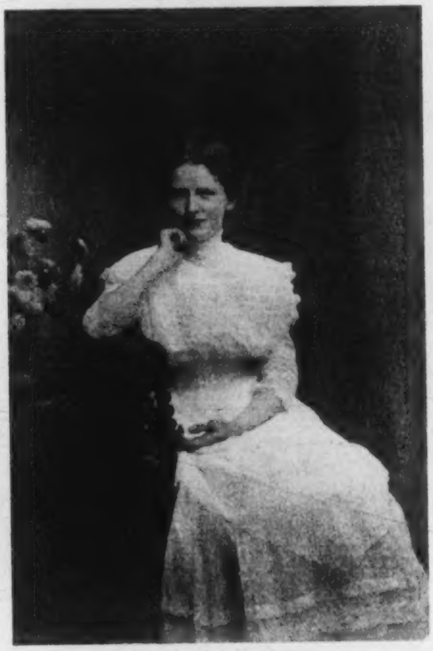


Figure 2.8 Margaret Russel Gay
UCCVUA 76.001P-2110

The first appeal for a hospital nurse in Honan came from Dr. Fred Auld, in 1915. Land had been purchased for a large modern hospital at Weihwei and Dr. Auld, who had arrived in Honan in 1910, was making plans for it. He took a tour of eighteen mission hospitals in ten large centers and noticed that most had, or were in the course of making provision for, nursing services. Thus, Dr. Auld requested a Canadian nurse for full-time work in the hospital-to-be at Weihwei. He also asked for permission to send a young Chinese man to a school of nursing to equip himself for taking charge of work in the men's wards; the male nurse would work under the direction of Dr. Auld and a foreign matron. The older medical missionaries were divided in their opinion of Dr. Auld's proposal. Dr. Leslie did not agree with it, but Drs. McClure and Menzies seconded a motion to accept it.[51] It is interesting that Dr. McClure seconded the motion; he had no personal interest in developing a new modern hospital with modern nursing services. However, he "realized that these hospitals must come to China."[52] Two months later, Dr. Auld specifically requested that Mrs. Jeannette C. Ratcliffe, R.N., be appointed to the position of Matron of the new Weihwei hospital. The appointment was made. [53]

Mrs. Jeannette Ratcliffe would become a key figure in Honan nursing over the next quarter-century [See Figure 2.9]. However, for all her public accomplishments, Ratcliffe's personal life remains mysterious. Mission documents extol her professional work, and fellow missionaries describe her as "well-loved," but the silence surrounding her pre-Honan life is striking. [54] How did Ratcliffe come to the Honan Mission in the first place? She was born at St. Catherines, Ontario, in 1876, making her thirty-four years old when she came to Honan in 1910 as the Matron of the School for Missionaries' Children. Evidently Ratcliffe volunteered her services: the WMS did not actually appoint her until after Dr. Auld's proposal in 1916, and her home church (First Presbyterian) did not designate her as a missionary until 1918. Oddly, even her mission records do not list her maiden name; her Biographical File simply calls her Mrs. J. Ratcliffe. [55] There was no Mr. Ratcliffe at the Honan mission: Mrs. Ratcliffe was most likely a widow before coming to Honan.[56] Some clues to Ratcliffe's background come from the work of Ruth Compton Brouwer in her study of Canadian Presbyterian women in Central India between 1876 and 1914.[57] In a table listing Western Division Missionaries at North Honan, Brouwer lists a Jeannette *McCalla* Ratcliffe. Elsewhere, Brouwer notes that the "McCalla" sisters went to China (p. 79). It thus appears that Jeannette Ratcliffe was the sister to Dr. Susan (McCalla) Grant, who married Honan Missionary Rev. W. Harvey Grant in 1902, while they were both serving in India.[58]

It seems reasonable to speculate that Jeannette Ratcliffe, after suffering the death of her husband, came to Honan at the invitation of her sister. She occupied herself as the Matron of the small boarding school for missionary children, which would have included some of her own nieces and nephews. Since Ratcliffe was trained as a nurse, the opportunity to become the first Matron of the new Weihwei hospital must have seemed propitious.

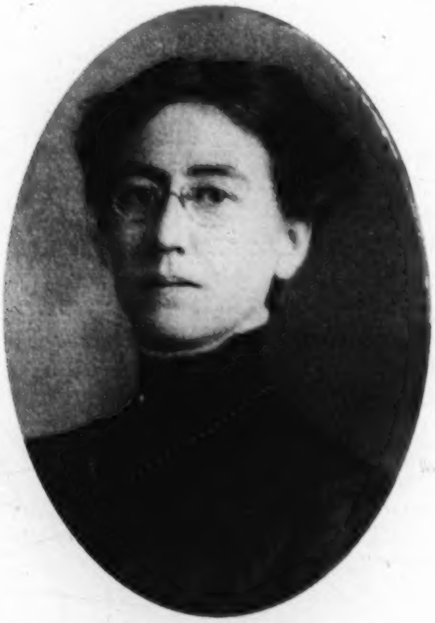


Figure 2.9 Jeannette C. Ratcliffe
UCCVUA 76.001P-5373

Ratcliffe had already completed nurses training and one year of university when she came to China in 1910.[59] When she was appointed as hospital matron in 1916, there was, as yet, no hospital. As Ratcliffe awaited its construction, she took a furlough to Canada, where she completed a post-graduate course at the Toronto General Hospital in 1917. Afterward she spent time on staff at "Cheeloo," the Shantung University Hospital at Tsinan [Jinan]. Although everyone seemed to be in agreement with the idea of having Ratcliffe as the new Weihwei hospital matron, not everyone supported her desire to further her education. When Ratcliffe first requested permission to work at Cheeloo, the Honan Mission was divided: Nineteen voted in favor, and thirteen expressed disapproval. Some felt that Ratcliffe should come directly back to Honan for language study, while others agreed to her going only if Honan missionaries did not require her nursing services for themselves. Eventually the Presbytery and WMS board approved of her plans, and for a year Ratcliffe was "Acting Matron of the Hospital and Nurses' Training School [at Cheeloo] during the absence of the regular Matron on furlough."[60]

The time seemed ripe for developing nursing services and nursing education in Honan: In 1918 one of the graduates of the mission's Girl's School at Changte entered nurses training, possibly at Cheeloo. This is the first record of a North Honan girl entering the nursing profession. That Ratcliffe was dedicated to her nursing work was apparent not only in her keen preparation, but also in her particular and significant contribution to the development of professional nursing in Honan. It is a tribute to Ratcliffe that her final accomplishment before retiring in 1940 was the completion of a book on communicable disease for nurses, written in Chinese.[61]

The Great Movement Forward, Interrupted

In the autumn of 1916 the Great War came to Honan. The British Minister in Peking wrote to the Presbyterian Mission at Honan asking for missionaries to volunteer for service in France because of their knowledge of the Chinese language. Doctors were needed to staff a Chinese General Hospital, while non-medical men would be in charge of Chinese laborers recruited in North China to work in France.[62] Rev. Andrew Thomson's son later wrote,

> Thirty-two missionaries wrestled with their consciences and priorities. Each had chosen the difficult, all-absorbing life of a missionary and its demands of language, health, physical stamina and spiritual strength. Now, they faced a call to defend their King and country, which appeared to be in mortal danger. In the end, fourteen missionaries, including most of the medical staff, went off to France. Thus, the Great War took precedence over the Great Movement Forward in Honan (p. 67).

The male missionaries left Honan for France in the summer of 1917. Meanwhile a "second nurse" had been appointed to the mission.[63] Miss Janet Lillian Brydon, a graduate of Victoria Hospital in London, Ontario, arrived in Honan after the doctors had already left for

France.[64] Brydon was born in Eramosa Township, Ontario in 1886, and received her First Class Teachers' Certificate from the Faculty of Education at Kingston. She tried teaching but found it was "not her calling." After hearing an address by Dr. Waters of India, Brydon decided to give her life to the Church. She took nurses training at the Victoria Hospital in London Ontario, followed by a Public Health Course. Brydon graduated in 1916 with India as her goal. Her two older sisters were also nurses. To the Brydons, intelligence was a gift from God; to ignore it would be ungrateful to Him.[65] After spending a year at the Presbyterian Deaconess Training School in Toronto, Brydon applied to the WMS to become a missionary in 1917. Rather than India, she was sent to China [See Figure 2.10].[66] She was designated at the Barrie Hill Church in Eramosa, Ontario on 13 July 1917, and was presented with a Bible and a "purse of gold."[67]

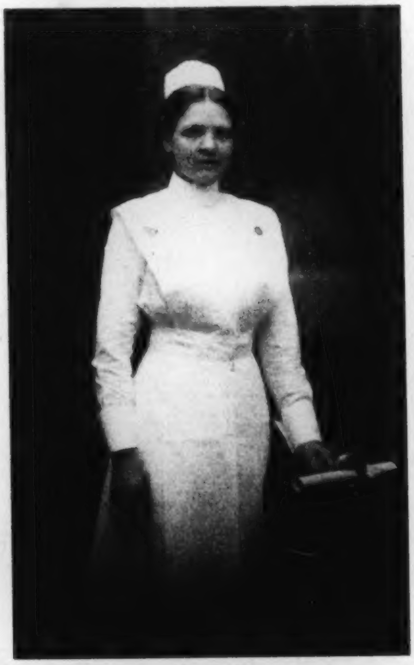


Figure 2.10 Janet Lillian Brydon, Victoria Hospital, London ON c. 1910
Wellington County Museum and Archives ph 14851

By the time Brydon arrived in Honan, the development of nursing was no longer a priority. Dr. James Menzies and Dr. Isabelle McTavish had remained behind in Honan, but the departure of the others for France slowed down any significant medical progress. Brydon stayed in

Hwaiking to study Chinese, even though by that time new Honan missionaries typically took their first year of language study in Peking. Staying in Hwaiking allowed Brydon to "give first aid to missionaries if any occasion arose."[68] Brydon spent her first three years "on the staff of the hospital at Hwaiking," but nursing progress seems to have come to a standstill as the missionaries waited for the physicians to return from the war.[69] Most of the Canadian missionaries returned to Honan after Armistice Day on 11 November 1918. Little was written about the Honan Mission during the years 1917 to 1919. Perhaps records were scarce because the usual chroniclers were off at war. Or, maybe the experiences of war and the simultaneous Spanish Flu pandemic were, as Dr. Bob McClure once said, "too complicated" to write about.[70] Finally, the reason the missionaries did not reflect much on the events of 1918 and 1919 may have been that the 'great tragedy' of 1920 subsequently overshadowed other reminiscences.

The Menzies Murder

On 17 March 1920 missionaries Janet Brydon and Sadie Lethbridge were alone in the WMS house at Hwaiking, in the "Ladies Compound," preparing for their duties the next day [See Figure 2.11]. According to later accounts, their servants were all attending a wedding feast in the Chinese quarters of the "other" Honan Mission compound on the other side of a small road. (The two compounds were connected by an overhead brick bridge). At ten p.m. Sadie "viewed with satisfaction her box, ready packed for the long-delayed evangelistic tour in the country" and tucked a roll of twenty silver dollars into the box.[71] At the same time, nurse Janet Brydon prepared for bed. Suddenly a loud sound of crashing glass brought them rushing into the hall; each thought the other had fallen and broken a lamp. As the sounds continued, Brydon and Lethbridge looked over the second floor railing and saw men breaking into their front door below. Panic-stricken, each fled to her own room, and slammed and locked the door. Looking for a hiding place, Lethbridge went out onto the verandah outside her bedroom, climbed over the railing, and "clung precariously" to the outside of one of the huge brick pillars, her toes gripping an inch-wide ledge as she hid from the robbers. Brydon's room did not have a verandah. She extinguished her lamp and went through the French window onto the flat roof of the kitchen "just as the robber's axe crashed in her door."[72] When a lighted lamp revealed Brydon, she began to call loudly for help. Brydon was surrounded and forced back inside, where the robbers made her open locked drawers while they demanded money and ransacked her room.

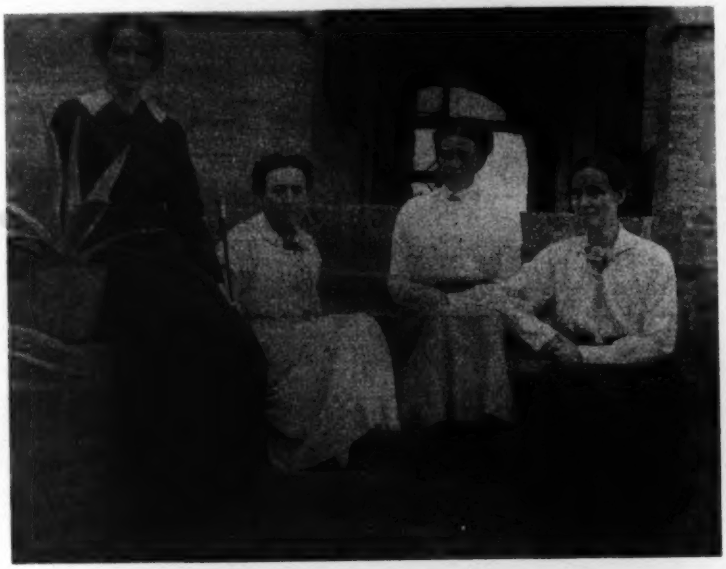


Figure 2.11: Hwaiking in 1916:
Margaret Brown, Ada Ross (?), Sadie Lethbridge, and Margaret Walks (Struthers).
E.B. Struthers Collection, Courtesy Dr. Mary Struthers McKim

From her position clinging to the pillar, Sadie Lethbridge saw Janet Brydon being forced back into her room. Lethbridge called for help. Within minutes, she heard the sound of footsteps running along the walk on the other compound, where the married missionaries lived. Lethbridge saw a figure on the bridge which connected the two compounds, standing and listening. In a subdued voice, Lethbridge called out to the figure. She recognized Dr. James R. Menzies' voice when he reportedly asked, "What's the matter?" Lethbridge responded that there were "many" robbers. After telling Lethbridge that he was not armed, Menzies disappeared from her view. Lethbridge heard Menzies call loudly for the men inside to hurry out. Then she saw two men grapple on the lawn below her – Menzies and a man who had apparently been below the bridge standing guard for the robbers. Lethbridge watched as the intruders rushed out of the WMS house and surround Menzies and the other two. She saw flashes and heard two shots. The band, numbering about twenty, hurried off, with twenty-five silver dollars, a gold watch and a fur garment.[73]

Lethbridge returned inside and, finding Janet Brydon unharmed, went out with her to the lawn where "Dr. Menzies lay moaning in great pain."[74] While Brydon knelt down beside him to administer some nursing care, others appeared and assisted Menzies into the house on a stretcher. He had two wounds – one in the shoulder and one in the abdomen. Menzies knew he was dying and, after stating that his will and money were in the safe, he "requested morphia." Menzies' medical assistant reportedly "rushed out to the dispensary while Mr. Slimmon prayed," but before the assistant returned, Menzies had died [See Figure 2.12].

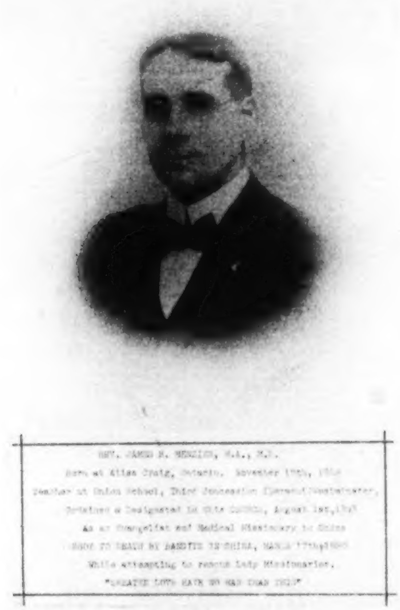


Figure 2.12 Dr. James Menzies in Memoriam 1920
UCCVUA 96.049P-2

At the time of Menzies' murder, many of the Honan missionaries were gathered at Weihwei for a Presbytery meeting. They received a telegram from Hwaiking stating that Menzies had been shot, but did not know until they arrived in Hwaiking on the next train that he had died.[75]

The Honan missionaries were shocked. This was the first time in the perilous history of the mission that the tragedy of a violent death had occurred. Menzies, who had been close to retirement after twenty-five years in China, had become a martyr. Not surprisingly, much was made of the fact that Dr. Menzies had chivalrously come to the aid of the two single lady missionaries. The April 1920 edition of the *Honan Messenger* – a weekly newspaper previously edited and occasionally printed by Menzies himself – was dedicated In Memoriam to Rev. James R. Menzies, M.D., D.D. Chinese and Canadian friends and colleagues filled the entire issue with articles extolling his "unwavering devotion to duty," "courage," "Christ-like habit" and "selflessness, " which led Dr. Menzies to make "the supreme sacrifice" of giving his life for another: "Greater love hath no man than this," they wrote, "that a man lay down his life for his friends." [76] Menzies would forever be remembered for his sacrifice.

Janet Brydon and Sadie Lethbridge had two very different reactions to Menzie's death. Brydon moved forward with her work, rarely mentioning the incident. In all Brydon's records reviewed, there is only one mention of her participation in the tragedy. In 1993 Rev. Doug Brydon recalled that Brydon had been "one of two nurses in charge of running a hospital in Hunan [*sic*] . . . when the director of the hospital was killed during a bandit raid on the hospital."[77] One can only speculate on the affect this experience had on Brydon; it is a testament to her tenacity that she continued to work as a nurse in Honan for two more decades, until 1939.[78] [See Figure 2.13] Sadie Lethbridge did not fare so well. According to her friend Margaret Brown, Lethbridge "never really recovered from the shock of that night." [79] As those around her venerated Dr. Menzies saying, "the Doctor had died for the ladies," Lethbridge reproached herself, wondering how things might have been different had she not called, or had she warned him of the guard at the gate. Lethbridge cringed at the thought of facing Mrs. Menzies and the family, who were in Canada at the time of Menzies death.

Figure 2.13: Janet Brydon in China Garden
Private Collection Courtesy Howard Parkinson

While the Honan missionaries mourned, Mrs. Davina (Robb) Menzies and her three daughters were unaware of his death. Mrs. Menzies had gone home to Toronto for her daughters' schooling, and she was in poor health herself. Her oldest daughter Jean – who was in her first year of nurses training at the Toronto General Hospital – had just interrupted her schooling because of an attack of rheumatic fever. On 24 March 1920 Canadian newspapers reported that a J.R. Menzies had been killed in "'Szechwan." It was not until nine days after Menzies' murder that the Menzies women received a long telegram from Hwaiking confirming the tragic news. Menzies funeral service, conducted in Chinese, had already been held in Honan, on March 22.[80] On 28 March 1920 a memorial service for Dr. Menzies was held at the Bloor Street United Church in Toronto. The church, which had already pledged $30,000 towards the building of a "Bloor Street Hospital" at Hwaiking, promised to build an "even better" hospital than they had planned; it would now be called the "Menzies Memorial Hospital."[81] Three years later, Jean Menzies and her mother Davina returned to Honan as missionaries in their own right.[82]

Sadie Lethbridge died four months after the attack on Dr. Menzies. She continued to be "haunted" by her participation in the tragedy, and was transferred to Changte for a "change in scenery."[83] Lethbridge started feeling unwell and on June 28, and Dr. Dow diagnosed her with dysentery. It was hot in Changte: Some days reached a sweltering 108 degrees in the shade. Although missionaries usually escaped the heat by heading to mountain or coastal resorts in the summertime, Lethbridge's illness kept her and her attendants in Changte. They cared for the bedridden Lethbridge on the residence verandah. She died on July 28. To the Honan missionaries, Lethbridge's death was directly related to the emotional trauma she had suffered.

All told, four Canadians died in 1920. Added to the missionaries' grief in 1920 was the death of one-year-old Donnell Clark (March 23, of "convulsions") and eleven-year-old Hedley Auld (October 31, of dysentery). The dysentery at Weihwei was "of a peculiarly virulent nature" and two weeks after Hedley's passing, one of her schoolmates died.[84] The Missionary Children's School – which boarded missionary children from other parts of North China – was temporarily closed. Dr. Dow and Janet Brydon came to Weihwei to offer their medical services. The missionaries believed that it was the Chinese workmen constructing the new Weihwei hospital who brought the disease into the compound: Dysentery-carrying flies "were everywhere" because the workmen were "careless about sanitary arrangements." Mrs. Jeannette Ratcliffe became ill, and was sent home to Canada to recuperate.

Ratcliffe's departure at the end of 1920 left Janet Brydon and Margaret Mitchell as the two main missionary nurses in Honan. McIntosh remained, but was now classified as an evangelistic worker. Margaret Mitchell was a Scottish nurse "with experience in South China" who had recently joined the mission.[85] Two others, Isabella Leslie and Eleanor May Galbraith, were on their way to North Honan in 1920. Little is known about Isabella Leslie's background, except that she was born in Dundee, Oregon. Leslie, who arrived in Honan in 1921, went on to work in Honan for the next nineteen years.[86] Galbraith was born at Lorneville, St. John's County in New Brunswick in 1896. She took nurse's training at the Rhode Island Hospital, and was designated by St Andrew's Presbyterian Church in St. John NB on 28 July 1920. She sailed for China on 26 August 1920, arriving about a month later. Galbraith had only begun her language study when she resigned to be married to Rev. H. T. Bridgman of the South Presbyterian Mission (USA) on 25 December 1920.[87] Thus, although there were six WMS nurses associated with the North Honan Mission in 1920 (McIntosh, Ratcliffe, Brydon, Mitchell, Galbraith, Leslie), it would be

Janet Brydon and Margaret Mitchell who would usher in the era of modern nursing in North Honan, at Weihwei.

Summary

The period immediately following the Boxer Uprising was a pleasant one for the Honan missionaries. Not only did they enjoy a relatively peaceful existence with their Chinese neighbors, they also enjoyed a new level of acceptance of their presence and the western knowledge they possessed. Medical missionaries across China took advantage of the opportunity to expand medical services, and the Canadians at North Honan were no exception – at least, as far as the practice of medicine went. While there was considerable interest in the development of staffed hospitals and dispensaries, the missionaries were not in agreement as to how elaborate these should be. Some, like Jonathan Goforth, did not agree with the movement towards increased medical service, believing that this would take attention and resources away from evangelistic service. Others, like the young missionary physicians Dr. Scott and Dr. McMurtry, were eager to modernize the existing hospitals to become more like the Canadian hospitals, complete with state of the art equipment and round-the-clock nursing service.

While Scott and McMurtry's ideas proved premature, it was not long until national events in China triggered the very changes they were aiming for. When China became a Republic after the 1911 Revolution, Chinese were becoming more interested in western ideas. After medical missionaries successfully responded to an outbreak of pneumonic plague that same year, western medicine gained acceptance in China. The Canadians at Honan became eager to develop new, modern hospitals. Dr. Dow organized a Women's Hospital at Changte to complement the work of the General Hospital there, while plans were laid to build new, multi-level, Canadian style hospitals at Hwaiking and Weihwei. Yet, until 1916, the development of nursing was largely overlooked; Maisie McNeely was hired in 1914, but her role was to take care of missionary families. Whatever her role might have become, Miss McNeely resigned within two years to be married. The FMB did appeal for more missionary nurses, but the nurses' primary function was to be as evangelistic workers; nurses in Canada did not respond to the appeals. Margaret Gay came to China as an evangelistic worker in 1910, but caught a vision of nursing after being confronted with the health needs of the rural population in Honan.

It took the vision and persuasive powers of the post-1900 missionaries to catalyze nursing onto a modern and organized pathway. Dr. Fred Auld considered the recommendations of the Christian Medical Association in China and, after making a careful study of what was going on in the large hospitals of other missions, concluded that Honan needed to move beyond what was largely an outpatient practice, to organized inpatient services. The Association recommended foreign nurses as hospital matrons: Dr. Auld found the solution in the person of Mrs. Jeanette Ratcliffe, a widowed graduate nurse who was already living at Honan.

Mrs. Ratcliffe was as meticulous as Dr. Auld in her preparation for her new role. While she waited for the construction of the hospital to be completed, Ratcliffe sought post-graduate education at Toronto, as well as hands on experience as the Acting Matron at the University Hospital at Tsinan. She also studied the Chinese language. At about the same time, a second nurse was hired: Janet L. Brydon. As it turned out, Brydon's work was interrupted by the advent of the Great War: From 1918 to 1919, most of the male missionaries – including physicians – were helping with the war effort in France. In 1920, the Honan mission was finally ready to move forward with nursing development: Ratcliffe and Brydon were prepared. Then came the murder of Dr. James Menzies.

That Menzies was killed while coming to the aid of Brydon and her housemate Sadie Lethbridge, made the tragedy all the more poignant. Brydon responded, it seems, by focusing on her nursing work. In response to the outbreak of dysentery that plagued the Honan mission during the summer of 1920 and killed both Sadie Lethbridge and Hedley Auld, Brydon moved from Hwaiking to the center of the epidemic, at Weihwei. After Ratcliffe left Weihwei for Canada to recuperate from an illness (possibly dysentery), Brydon accepted the increased responsibility of planning the new nursing service at the as-yet-unopened hospital.

Canadian nursing at the Honan Mission during the first two decades of 1900 was influenced by both external and internal factors. Externally, the development of nursing was "controlled" by the national milieu and Chinese attitude towards foreigners and their western ideas. It was also controlled by the desires of other missionaries, particularly the all-male Presbytery, which held the power when it came to recruitment decisions. The Presbytery, in turn, was influenced by the priorities and perspective of Protestant missions as a whole in China: When other missions pushed for expansion and national coordination of medical and nursing services, the Canadian Presbytery acquiesced. Finally, the establishment of the Nurses Association of China signaled to medical missionaries and prospective missionary nurses that foreign nursing leaders were poised to take seriously the role opening up for them.

Internally, the second generation of nurses showed a commitment to the vision of modern nursing and medicine. Ratcliffe, Gay and Brydon in particular exemplified the drive and tenacity necessary to respond to the health needs of those around them, the resilience to bounce back from personal tragedy, and the mental and physical vigor to withstand the challenges of the day.

Notes

---

[1] R. Goforth, *Goforth*, 232.
[2] Wood, *No Dogs*, 16-65; Stursberg, *Golden Hope*, 49-59.
[3] Brown, *History of NCM*, XXX: 6.
[4] Brown, *History of NCM*, XXX: 2-5.
[5] This included a claim for a new Bible for Mrs. Chang of Chu-wang. It is not clear what currency Brown refers to here: It may be Chinese currency, Mexican Silver, or Canadian dollars – most likely the amount given is in Chinese currency.
[6] Brown, *History of NCM*, XXXI: 8.
[7] UCCVUA Bio Files Margaret McIntosh.
[8] Brown, *History of NCM*, XXXII: 1.
[9] Ibid.
[10] UCCVUA Bio File Margaret McIntosh.
[11] Brown, *History of NCM*, XXXII: 2.
[12] Brown, *History of NCM*, XXXII: 3.
[13] Brown, *History of NCM*, XXXII: 9.
[14] McClure, interview.
[15] Brown, *History of NCM*, XXXI: 9.
[16] Lacy, "Missionary Exodus." Lacy questioned the value of some typical mission practices, such as walled compounds, refrigerators and mountain holidays. He suggested that, for an effective ministry, missionary standards should be "as simple and close to the community level as possible." Although the missionaries perceived themselves as self-sacrificial, they did enjoy economic and class advantages over most Chinese citizens.
[17] Brown, *History of NCM*, XXXII: 8.
[18] Brown, *History of NCM*, XXXII: 9.
[19] Brown, *History of NCM*, XXI: 2.
[20] MacKenzie, *Twenty-five Years*, 143.
[21] Brown, *History of NCM*, XXI: 2.
[22] Frazer Smith, *Waking Part*, 180.
[23] The Honan missionary doctors and nurses moved around the various mission stations, as the need arose: It is a daunting, if not impossible, task, to keep track of who was where, when. That the McClure family was in Weihwei in 1901 on comes from Scott, *McClure*, 7.
[24] McClure, interview.
[25] Brown, *History of NCM*, XXXIII: 17-19.
[26] Beach, *T'ang*, Appendix E: Statistics of Missions in China for 1904. In that year, medical missionaries in China reported cared for 880,304 patients, including 3946 from Honan. This number does not reconcile with Honan Mission figures reported by Brown (which number over 34,000 patients treated at Changte and Hwaiking alone). It is possible that Beach's number represents in-patients rather than outpatients, or patients rather than treatments (if patients received more than one treatment).
[27] Pott, *Emergency*, Statistics of the Work of Protestant Missions in China for 1910 (includes 1911 & 1912).
[28] Brown, *History of NCM*, XXXIII: 20.
[29] Brown, *History of NCM*, XXXIII: 21.
[30] See Margaret Negodaeff Tomsik, *Honour Due: The Story of Dr. Leonora Howard King*. (Ottawa: Canadian Medical Association, 1999): 87-97. Dr. King, a female Canadian physician, worked in the treaty port of Tientsin from 1877 to 1925. Chinese gentry supported her work after she successfully treated the [secluded] wife of viceroy Li Hung-chang in 1879. It was customary practice for missionaries to operate separate facilities for men and women in Tientsin. That Dr. Howard King worked side by side with a male physician was unheard of, since they treated both women and men on the same premises.
[31] Brown, *History of NCM*, LVII: 10.
[32] Brown, *History of NCM*, LVII: 11.

---

[33] Stursberg, *Golden Hope*, 61-2. Stursberg's description is based on his interview with Dr. Scott's son.
[34] McClure, interview.
[35] Thomson, *Daring Confidence*, 106.
[36] Brown, *History of NCM*, LVII: 12.
[37] Brown, *History of NCM*, XLVI: 2. With no nurses forthcoming, the FMB sent out an appeal for two lady doctors instead.
[38] Wood, *No Dogs*, 169-74.
[39] Brown, *History of NCM*, XLVI: 4.
[40] Cheung, *Missionary Medicine*.
[41] McClure, interview.
[42] Brown, *History of NCM*, XLVI: 11.
[43] Brown, *History of NCM*, LVII: 12.
[44] Chung-tung, "Caring Scholar": 315-24; Brown, *History of NCM*, LVII: 12.
[45] Brown, *History of NCM*, LVII: 1-10.
[46] "List of missionaries of the Honan (North China) mission before 1925 under the Presbyterian Church in Canada" UCCVUA 83.045C Box 1 File 1.
[47] It is not clear if the Christian Medical Association of China was a separate group from the Medical Missionary Association: The latter may have been an international organization.
[48] Ernest B. Struthers, *A Doctor Remembers: Days in China and Korea.* (Mississauga: Author, 1976). Dr. Ernest Struthers' brother, Dr. Gordon Struthers, was appointed to Weihwei one year after Ernest, in 1915.
[49] Brown, *History of NCM*, LVII: 13.
[50] Margaret Gay, "Above All that Ye Ask or Think: How I got my RN in 1926." Unpublished memoir, courtesy Muriel Gay and Irene Pooley.
[51] Brown, *History of NCM*, LVII: 13-14.
[52] Stursberg, "McClure interview," 8.
[53] Brown, *History of NCM*, LVII: 13-14.
[54] Thomson, *Daring Confidence*, 85.
[55] UCCVUA Bio File Jeannette Ratcliffe.
[56] A footnote in the memoirs of L. Clara Preston states that Mrs. Ratcliffe was a widow, and that she was the sister of Mrs. Harvey Grant. See Preston, *Flowers*, 18.
[57] Brouwer, *New Women*.
[58] Brown, *History of NCM*, XXXII: 1. The Grants worked in Honan until 1937.
[59] UCCVUA Bio File Jeannette Ratcliffe.
[60] Brown, *History of NCM*, LVII: 14-16.
[61] UCCVUA Bio File Jeannette Ratcliffe.
[62] Struthers, *Doctor Remembers*, 20; Thomson, *Daring Confidence*, 66-7. According to Thomson, for twelve months beginning March 1917, about 80,000 Chinese men were transported across the Pacific and then across Canada in guarded train cars. They were loaded onto ships for the trans-Atlantic voyage. In France, they did heavy labor, including moving ammunition, digging communication trenches and moving food supplies.
[63] Brown, *History of NCM*, LVII: 16. It is interesting that Margaret Brown does not call Janet Brydon the "third nurse," since Margaret McIntosh was still at the Honan Mission. Apparently McIntosh was peripheral to the subsequent nursing developments in China.
[64] The physicians at Honan during that year were Jean Dow, Isabelle McTavish, E.B. Struthers, R. Gordon Struthers, Fred Auld, Percy Leslie, James Menzies, William McClure, F. F. Carr Harris and W.R. Reeds. Since Margaret Brown states that five doctors went to France, and lists "Dr. Menzies and Dr. Isabelle McTavish" as the only doctors left in Honan, it is possible that the others were on furlough in Canada.
[65] Howard Parkinson, letter to author.
[66] Brydon (Eramosa township) Family File. A1994.129. Wellington County Museum and Archives (hereafter WCMA).
[67] "Going to Mission Field," *Fergus News Record*, 19 July 1917: 1. WCMA.
[68] Brown, *History of NCM*, LVII: 16.

---

[69] Rev. Doug Brydon, interview with S. Dunlop 31 May 1993. Brydon (Eramosa Township) Family File A1994.129. WCMA.
[70] McClure, interview. When asked why he did not include events of World War II in his biography, McClure responded that he had not written much about World War II at all – it was, he said, "too complicated."
[71] Brown, *History of NCM,* LIX: 1-2.
[72] Later, Janet Brydon's uncle, Rev. Doug Brydon, recalled Janet telling him that Menzies had shouted at the nurses to "run and hide in the ___ a code word for a safe hiding place." Brydon and Lethbridge accordingly "ran to the garret and hid under an eave." It seems unlikely that this is the order of events since Brown's account was based on her own correspondence with Lethbridge immediately after the incident, whereas Doug Brydon's account was second hand and over seventy years later. See Brydon, interview.
[73] Brown, *History of NCM,* LIX: 3; " An Heroic End," *The Honan Messenger*, April 1920 VI (4): 3. UCCVUA Bio File James R. Menzies. The next morning the body of one of the robbers was found; apparently one of the shots that hit Menzies also hit him. It was important to the missionaries to clarify that Menzies was unarmed and did not attack the man.
[74] Brown, *History of NCM,* LIX: 4-6.
[75] "Period of 1920 – 1930: Death of Dr. J. R. Menzies," 64. UCCVUA 83.058C, 57-17 Series 3
[76] *The Honan Messenger*, April 1920 VI (4): 1-4. UCCVUA Bio File James R. Menzies.
[77] Brydon, interview.
[78] List of missionaries of the Honan (North China) Mission. 83.045C Box 1 File 1. UCC/VUA.
[79] Brown, *History of NCM,* LIX: 12.
[80] Brown, *History of NCM,* LIX 12-14, LX: 1-2.
[81] Brown, *History of NCM,* LX: 3-5.
[82] "Our Outgoing Missionaries," *The Presbyterian Witness*, 6 December 1923: 5. UCCVUA Box 9001.A40PS Microfilm # 25 6 July 1923 – 16 Oct 1924.
[83] Brown, *History of NCM,* LIX:11-12.
[84] Brown, *History of NCM,* LIX: 12-14. Jimmy Ainsworth was from Chiastso – the son of a non-Honan missionary.
[85] Brown, *History of NCM,* LIX: 4.
[86] There is no Bio File on Isabella Leslie at the UCCVUA. She is listed on the UCCVUA "List of Missionaries who served in the Honan (North China Mission) before 1925" as having arrived in China in 1920, and on the "Honan Nurses 1888-1938" list as arriving in 1921. It is most likely that she sailed from Canada in late 1920, arriving in Honan in early 1921. UCCVUA 83.058C 57-17 Series 3; UCCVUA 83.145C Box 1 File 1.
[87] UCCVUA Bio File Eleanor May Galbraith.

CHAPTER 3

FROM 1921 TO THE GREAT 1927 EXODUS: MODERN NURSING AT LAST

Opening a training school, graduating nurses, doesn't it sound easy?

- L. Clara Preston [1]

Canadian Interest in 'Our China Missionaries'

By 1921 construction of the new hospital at Weihwei was well underway. It was to be the first of three modern hospitals in North Honan, at Weihwei, Hwaiking and Changte. Of these, Weihwei would be "the most modern and up-to-date [hospital] in the province and one of the finest in the country outside Shanghai and Peking."[2] The Weihwei hospital had two sections: the dispensary (or outpatient department) and the hospital proper (or inpatient department). The new dispensary opened in 1920 – three years before the new hospital – and included four hostels (two for men, two for women) capable of accommodating 250 patients. [3] The dispensary also had a consulting room, a surgical dressing room, an eye, nose and throat room, a dispensing room, and a chapel each for men and women. The dispensary hostels were to be used by patients suffering minor ailments, or who were convalescing from more serious illness; hostels could also accommodate patients' friends and relatives. Food was available for a reasonable price in a "comparatively clean" kitchen, supervised by medical staff. [4] The response was encouraging: Patient numbers increased by 40% after the new dispensary opened, and before the main hospital building was even completed. Construction of the Weihwei hospital was painstakingly slow, and lack of funds delayed work on the main building.

The total cost of the hospital project to the Mission was $58,614.52, of which the Woman's Missionary Society (WMS) paid $17,697.00.[5] Other funding came from the Forward Movement Peace "Thankoffering Fund", and gifts from the Chinese. In addition to the cost of the hospital was the cost of a nurses' residence; Mrs. Geo Bingham donated the requisite $4000.00 in memory of her late husband. It is remarkable that the WMS contributed so much to the cost of nursing in China – not only to the salary, outfitting and travel of Canadian nurses, but also to this particular building project. The road to nursing in Honan was paved by Canadian tea socials, bake sales and Sunday school collections.

Churchwomen across Canada saw it as their duty to do what they could to financially support the cause of "our missionaries in China."[6] For example, records of WMS minutes from Alberta describe special donations during 1925-26 that included $30.00 from the Westlock Ladies Aid towards the Chengtu Hospital [Szechwan] and $40.00 from the Calgary Central Auxiliary in "support of a child in China." Similarly, at the Alberta WMS Provincial Branch meeting in 1928, one delegate noted,

> [President Mrs. Hencher] told us about the children in one of the Ruthemian WMS school homes in her District, whose self-denial equaled those of Miss Jack's school in China. They abstained from dessert for a week, thereby saving 25 [cents] a piece for WMS Thankoffering.[7]

The creativity and dedication of Canadian women to missions in general is striking; pennies added up to thousands of dollars. Also striking was the generosity and support of individual congregations toward Canadian nurses. Churches that 'designated' specific missionary nurses from their congregations took seriously the pledge to support them; just as the nurses solemnly dedicated themselves to China, the church members solemnly dedicated themselves to the nurses. Here too, the churchwomen showed creativity: At nurse Louise Clara Preston's home church at Stratford, Ontario, churchwomen raised money for her work in Honan by making a quilt: Supporters paid ten cents each to have their names embroidered on it.[8]

The churchwomen in Canada saw themselves as valuable partners in the work of their missionaries to China. Not only did they raise funds, they also took a studious interest in the progress of China missions. For example, the First United WMS of Lacombe Presbyterial kept records of how many stations, outstations, schools, colleges, hospitals, dispensaries, missionaries and Chinese workers there were in China.[9] And, the Evening Auxiliary of Central United Church studied publications on China missions, and listened to "scholarly reviews" of study books such as *Fourth Daughter of China, Serving with the Sons of Shuh,* and *China Rediscovers Her West.*[10] The Canadian churchwomen also took a keen interest in lectures by missionaries on furlough, where they were told of the state of affairs for Chinese women and children, and how the Chinese required Canadian help. According to one WMS group:

> China owes a great debt to Christian Missions – for her schools which 236,000 of Chinese children (Protestants) attend: and 100 hospitals besides asylums for Insane, Blind and Lepers of whom China is said to have 400,000 . . . many of these foreigners [i.e.: *Chinese*] have lived in poverty, ignorance and dirt in their native country and have to be educated to need of proper living conditions, medical care and education. Hospital work provides [the] best 'open door' for this instruction and for the gospel teaching.[11]

Given how reliant the Canadian missionaries were on the support of the Canadian church, the importance of nurturing the missionary-home church relationship can hardly be overstated. If the churchwomen were to continue to invest their time and energy into the work of the China missionaries, they had to have confidence that this work was worthwhile – even if their perception of the work was not always accurate or up-to-date.

It is interesting that the WMS supporters in 1926 continued to emphasize medical work as a gateway through which to share both the Christian Gospel and the gospel of soap and water. The idea of using hospitals for evangelism seems oddly out of synch with evolving perceptions held by the post-1900 generation of medical missionaries themselves, as discussed in previous chapters. If the new generation of medical and nursing missionaries did not see it as part of their role to preach and to teach, why did the homeland supporters continue to perceive medical work as primarily evangelical? Perhaps the answer lays in the subtle change of wording in the publications: Whereas early mission reports referred to the evangelistic work of *persons* (i.e.: physicians), contemporary mission reports referred to the evangelistic work of *institutions* (i.e.: hospitals). In the 1920s it was no longer necessary for the physician or nurse to directly preach or teach, as long as someone else in the hospital system assumed this task. At North Honan, for example, it was Chinese medical assistants who gave gospel presentations to outpatients and inpatients.[12] And, just in case patients were somehow missed or overlooked, they would least be aware of the hospital's mission, since it was printed on all the registration cards: Each new patient at the Weihwei hospital was given a card that read, "This hospital is established for the purpose of making known, by the ministry of healing, Christ, the Great Physician and Saviour of the world."[13] A shift from direct to indirect evangelism had begun.

Another reason that supporters in the homeland continued to perceive medical work as evangelistic was that some medical missionaries *did*, in fact, directly evangelize. By the early 1920s a number of the older generation of physicians and nurses were still on the mission field, and still committed to the idea of direct evangelism. For example, Dr. Jean Dow – who had been at Honan since 1895 – incorporated evangelism into her medical practice throughout her career. After her death in 1927, fellow missionaries paid tribute to her singular evangelistic efforts:

> [Dr. Dow] set one forenoon of the week free from all operations and, herself and assistants going to different wards and yards, would preach and teach that half day to insure that among the crowds none came and went without hearing the Good News.[14]

Mission supporters in Canada were thus assured that their investment in China missionaries was worthwhile. Even if medical and nursing missionaries were no longer expected to be evangelists, they were expected to be unambiguous representatives of the Christian faith. Mission supporters back home could be content with the knowledge that, by supporting their missionaries, they too were active partners in the cause of Christian missions in China.

The 'Scientific Efficiency' of Honan Hospitals

Despite their ambitious plans to expand and improve medical and nursing service in Honan, the Canadian Presbyterian mission's progress lagged behind that of other missions. According to a report entitled "An Enquiry into the Scientific Efficiency of Mission Hospitals in China" presented at the China Medical Missionary Association (CMMA) in Peking in February 1920, Honan hospitals rated near the bottom of the scale.[15] The CMMA report was an analysis of statistics from 192 mission hospitals in thirteen provinces of China. In terms of modern facilities, equipment and staffing, Honan was archaic when compared with other missions and the new hospital ideal. In the CMMA study, Honan hospitals were found sorely lacking in most areas, including: hospital buildings, out-patient dispensaries, hospital accommodations, building materials, ventilation and airspace, accommodation of patients' friends, diets and kitchens, water supply, bathing facilities, laundries, sanitary system, laboratories, facilities for specialization, nursing arrangements, and scientific work. Mission hospitals in Honan were a long way from modernization. The standards of comparison give some insights not only into the facilities at Honan, but also into what was considered to be state-of-the-art medical and nursing care in 1920 [See Figure 3.1]:

(1) Honan hospital buildings were of mostly "pure Chinese style" or "modified Chinese style," instead of the multi-level "foreign-style,"

(2) Honan had some of the poorest outpatient facilities (that is, without easily and regularly cleaned floors, walls and furniture, and without laboratory facilities or a darkroom for ophthalmic investigation),

(3) Honan had a low proportion of beds per foreign or foreign-trained physician: The average was forty-three; Honan had thirty-one,

(4) Honan used poor building materials – of particular concern was the lack of "rounded corners" in the wards and operating rooms,

(5) Honan hospitals were poorly ventilated and did not have much "air space" for patients; most of the adverse reports about ventilation came from Honan, which was also one of only two provinces reporting the ongoing use of paper (rather than glass) windows,

(6) Honan hospitals did not provide protection of patients from infection and from insect-borne disease. Apparently Honan had no isolation wards or courtyards, nor did they have any screens or nets to protect patients from disease-carrying flies or mosquitoes,

(7) Honan hospitals allowed patients to bring their friends in to live in the wards with them,

(8) Honan patients did not follow controlled diets,

(9) Honan hospitals did not have running water, and patients were not bathed on admission,

(10) Honan hospitals had inadequate (or no) laundry accommodation,

(11) Honan hospitals had no drainage system and used "ordinary Chinese latrines" or *mao-fangs* rather than septic tanks. Latrines were to be emptied daily,

(12) Honan had some laboratory facilities, but these were not used regularly. Honan did not have facilities to study or grow bacteria,

(13) Honan reported no X-ray equipment,

(14) Finally, Honan was not involved with research work, did not base treatment on pathological investigation, and had no post-mortem examinations.

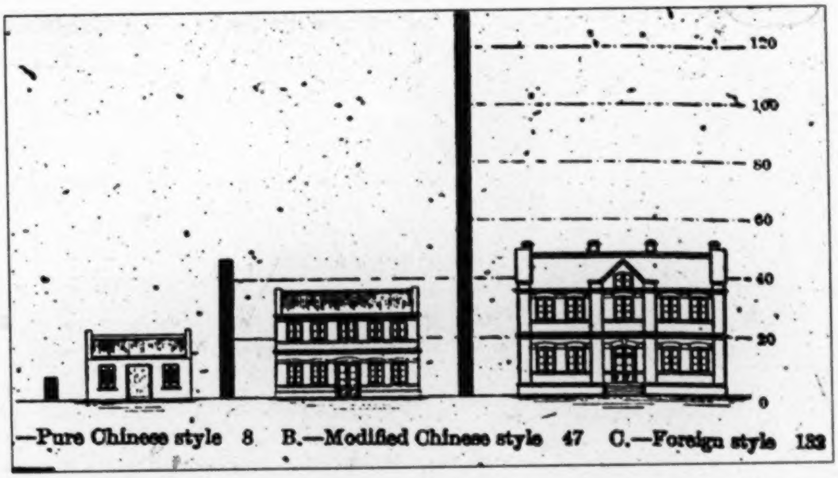


Figure 3.1: Types of hospital buildings in China, 1920
CMMA Report, JWSL, RT 02 004 ANO483 Microfiche

On a more positive note, Honan did score well on a few items: they provided clean bedding for their patients, and were among the few hospitals that employed more than one physician. And, needless to say, the Honan mission had the lowest average expenditure of all the provinces surveyed.

One of the most interesting aspects of the CMMA report was the section entitled "Nursing Arrangements." Since the arrival of the first American missionary nurse in China in 1884, the development of nursing in China had always been closely linked with medical missionary work.[16] By 1920, some training of Chinese nurses had begun in Peking, Shanghai, Foochow and Canton, but it would be another ten years before Chinese nurses would acquire leadership roles held by foreign nurses.[17] In 1920 there was a serious shortage of qualified nurses all across China. The CMMA believed that the best way to fill the nursing void was with foreign graduate nurses who would in turn, train Chinese nurses. According to the CMMA report, only 48% of the 192 hospitals surveyed had a trained foreign nurse (or nurses) on staff, and 38% had no nurse at all:

> In other words, in one third of all these hospitals there is no sort of skilled nursing whatever, and in 60% of them there is no more than can be attempted by a single graduate nurse.[18]

Out of all the provinces, Honan was among the worst staffed – having few foreign *or* Chinese nurses. Honan also had the largest proportion of hospitals with no skilled nursing at all. Although 41% of the hospitals surveyed had training programs for Chinese nurses, Honan had none. Furthermore, Honan had one of the "worst records" for leaving the care of patients to their own friends, and of having no regular system of night nursing. If the Canadian Presbyterian mission in North Honan were to take seriously their development of medical services, they would have to pay close attention to the development of nursing services as well.

The Arrival of Louise Clara Preston

According to the CMMA report, by 1920 it was "no longer necessary to perpetuate the older methods [which are] frankly opposed to every idea of hygiene and good nursing, or of scientific methods of diagnosis and treatment."[19] Nor was it "necessary" to continue to allow patients to bring their friends in to live with them for moral support. When Louise Clara Preston arrived in China in 1922, the old style of hospital was still in existence at Changte. Although she valued modern medicine and fully supported the development of modern hospitals, she would also come to miss some of the advantages the older hospitals had over the new ones:

> The patients felt more at home, it was easier for women to finance, it took less administration, and gave the staff more time to teach patients how to read and give lessons in hygiene. It was amazing the number of cures and the results we had in spite of conditions.[20]

Louise Clara Preston (called *Peng Hu Shih*) is among the most noteworthy Canadian missionary nurses at North Honan [See Figure 3.2]. Her career in China spanned a quarter-century, ending only when the Honan Mission permanently closed in 1947. The year 1922 was a watershed year for nursing, for three reasons: The North Honan Mission opened its School of Nursing at Weihwei, Chinese members joined the NAC for the first time, and the NAC joined the International Council of Nurses (ICN).[21] The timing of Clara Preston's interest in China missions was auspicious for these reasons, but also because two of the WMS nurses at Honan had recently resigned. Both Eleanor Galbraith (Bridgman) and Margaret Straith (Fuller) married fellow missionaries within months of their arrival in China – Galbraith in 1920, and Straith in 1921.[22]

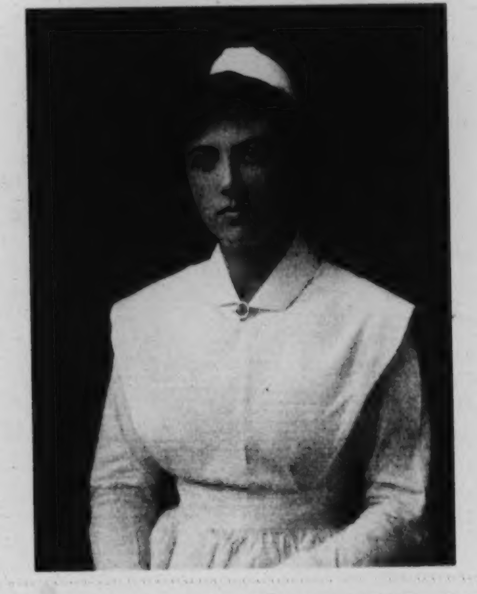


Figure 3.2: Louise Clara Preston Wearing RVH Graduate Pin, 1922
UCCVUA 76.001P-5292

Louise Clara Preston was born in Boissevain Manitoba in 1891, and studied at a business college at Stratford, Ontario before taking the Nurses Training Course at the Royal Victoria Hospital in Montreal. She graduated from the Royal Victoria, was appointed to Honan, and was designated by the Knox Presbyterian Church in Stratford – all in quick succession. Preston crossed the Pacific from Canada with Mrs. Jeannette Ratcliffe, who was returning to China after an extended illness, in 1922.[23] During her tenure in China, Preston became intimately involved with the development of nursing education and services in Honan, despite being evacuated from Honan four times due to national political instability – during the Nationalist advance (1927), Anti-British Movement (1939), World War II (1941) and the Civil War (1947).

Clara Preston was thirty-one years old when she joined the Honan Mission. According to her family, Clara was engaged to be married before she entered nurses training in 1919, but her fiancée, who was away at war, died of the Spanish Flu "on the boat" when returning to Canada.[24] In her memoirs, Preston did not directly refer to a fiancée, but wrote,

> Then followed the war years [WWI]. How easy to write that sentence, yet what volumes it speaks. First this friend, then that friend, cousins, neighbors, and then my youngest brother Jeffrey. So many dreams of youth shattered.[25]

Assuming that Preston was engaged at one time – and considering that she did not enter nurses training until later in life – it would be easy to conclude that her decision to become a missionary was borne out of a sense of loss, and a need to revision her future. However, Preston intimated that becoming a missionary was a long time dream: She and "a friend [had spent] many many hours talking and planning how we could prepare so we could offer our services for the foreign field" (p. 3-5). Her suitability for a nursing career was confirmed to Preston during her experience as a volunteer in the homes of ill families during the Spanish Flu epidemic at Stratford in 1918. Although the worse of the epidemic was over within two weeks, Preston had witnessed much anguish and suffering: In one family alone, the mother and four children died within days of each other. Preston found herself drawn to the families she helped through "scrubbing floors and washing diapers and bathing the baby until they were able to carry on" even while she herself slept in a bed made of "three chairs put together in the kitchen" (p. 4). The experience would prove to be an invaluable preparation for missionary life. Preston turned to her religious beliefs to sustain her, writing that "the ninety-first psalm had been my Bible reading for the day and it seemed a definite promise of help and protection." Turning to the Psalms for solace in the face of threat would come to characterize Preston's nursing work in China.

If being an unmarried, religiously devout woman was not enough reason to pursue her dream of becoming a foreign missionary, a precedent for missionary work had already been set in Preston's family. Her aunt, E. Augustine Preston, had been a WMS missionary in Japan since 1888 [See Figure 3.3]. Clara visited "Aunt Gussy" in Kobe enroute to China.[26] Still, Clara's parents were hesitant to see her become a missionary – she had to "win them to my point of view" (p. 3). When Clara Preston started her nurses training in Montreal, it was with the understanding that she would become a missionary.

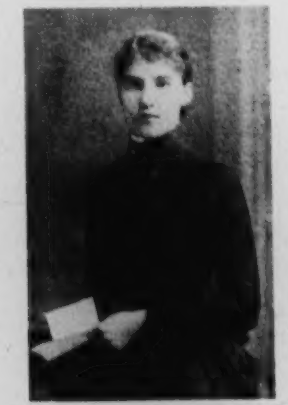


Figure 3.3: E. Augustine Preston, Japan, 1888
Private collection, courtesy Ward Skinner

At the Royal Victoria Hospital at Montreal, Quebec, Clara Preston came to value modern medicine, with its emphasis on efficiently designed buildings, state of the art equipment, and scientific diagnosis and treatment. To Preston, hospital nursing was where she could fully experience and express her Christian faith:

> There is an interesting book called, "Jesus Christ and the modern Hospital" and to me it is the place where I find Christ nearest and can say 'does not our heart burn within us as we work with Christ in our hospitals.' The modern miracles performed each day – things we did not dream possible (p. 11).

Given how much Preston valued modern medicine, it is not surprising that she fully supported the modernizing efforts being made by the Honan Mission at Weihwei. Yet, it would be a few more years before a new hospital was built at Changte, where Preston was stationed after her arrival in 1922. Although she found nursing care to be hindered by poor buildings, inadequate equipment and lack of trained help, Preston also came to treasure her experience with the old style mission hospital – realizing afterward that she had borne witness to a passing era in China.

The Demise of the Old Style Hospital

In 1922 Changte had two old hospitals: a Men's Hospital run by Dr. Percy Leslie, and a Women's Hospital run by Dr. Isabella McTavish and Dr. Jean Dow. At first the Honan Mission planned to amalgamate the two hospitals, in order to save money, personnel and space. But the two female doctors at Changte could not be persuaded to allow their hospital to be combined with the men's into one new General Hospital, insisting instead on a new Women's Hospital "for some reason, sentiment or otherwise."[27] It should not be surprising that Dr. Dow was loathe to give up "her" hospital. Considering that women could not hold authoritative positions in the Presbyterian Church and local Presbyteries, and that women often deferred to men in hospital hierarchies, Dr. Dow's position as the head of her own hospital for over twenty years was unique – if not enviable. Out of respect for Dr. Dow, the Honan Presbytery reluctantly agreed to build a new Women's Hospital beside the Men's in Changte. They also agreed to buy more land upon which to build a house for the lady doctors and nurses. Thus it was that Clara Preston started her missionary nursing duties with the expectation that she would become Supervisor of Nursing at the new Women's Hospital. Since Dr. Dow had not shown interest in graduate nursing services during the previous twenty-two years, it is likely that her younger colleague Dr. McTavish influenced her to support the appointment of Clara Preston.

Like other old style hospitals in North Honan, the old Changte Women's Hospital had a chapel, dispensing and operating room. Inpatients stayed in small single story buildings built facing each other around a central courtyard. "Regular" patients slept on *kangs* (brick platforms) covered with straw matting, over which they spread quilts. "Bedpatients" used hospital beds made with hospital sheets, a quilt and a pillow. One of the buildings was used as a kitchen. The mission supplied a number of portable stoves for patients and their friends to cook their meals; patients supplied their own coal and food. During the winter, patients cooked in their own rooms for extra heat. This posed a problem for the doctors, who worried that patients might fall asleep with their stoves on, and be overcome by coal gas – a dilemma they resolved by poking holes in the paper windows for ventilation. A "poor woman of the lowest classes" swept the courtyards and kept the latrines clean, while a scavenger paid the hospital a monthly sum for the privilege of carrying away the human excrement ("night soil") to fertilize their gardens.[28]

Since there were no graduate nurses in Changte before Clara Preston, Chinese women were used as medical assistants. These assistants, who were "preferably young widows with unbound feet," gave "anaesthetics, helped with operations, dispensed simple drugs, wrapped up powders, sterilized dressings, and helped with the outpatient's dressings."[29] They carried dressing trays across the open-air courtyard into patients' rooms – a delicate feat if it happened to be rainy or wintry. In addition, the Chinese assistants – who would be on call at night – gave "intravenous injections", watched the seriously ill, bathed the newborn babies, and spent "hours teaching the patients the Gospel of Christ."[30]

Poor lighting and heating made it difficult to do efficient work and, in the summertime, flies were a menace. Even if the windows were screened, the doors had matting curtains that were opened wide on hot days, and flies easily entered patient's rooms. Preston recalled caring for a young wife who had been beaten by her husband because of infidelity. The patient was raw from her hips down and had some open sores on her body. Preston and the others lifted their patient twice a day into a galvanized tub, afterwards dressing her wounds. However, Preston's best nursing care was no match for the "flies and maggots" that were attracted to the open sores; eventually the woman was carried home on a wooden Chinese bed to die. It is no wonder

Preston felt so strongly the need for "screened wards and more convenient working quarters."[31] To Preston, the promise of modern hospitals and nursing service would be a relief after having experienced,

> knowing the fear of fires when oil lamps had to be used; the fag of insisting on clean bedpans when there was no running water; seeing the mud and water that always seemed to come in with the water carrier; and finding the tanks empty just when you needed water the most and no man in sight to carry it (p. 49).

The situation at Weihwei before 1923 was much the same. At the old style hospital, patients brought their own bedding, and huddled together in rows on the brick *kangs* in their "small, dark, dingy rooms," or slept on brick floors, or in the courtyard under the stars.[32] No routine bath was possible, "even for those who had not had one for decades." After operations, patients continued to wear the same dirty clothes and use their same dirty bedding – in response to which Dr. R. Gordon Struthers quipped "It is perhaps well to draw a veil over that bedding and clothing and bury its entomological contents in a decent silence."[33] While Preston would have to wait until 1926 for the opening of a new hospital at Changte, the Weihwei Hospital was ready to be opened in 1923. The new Weihwei nursing school had already begun in 1922, before the hospital was officially opened. The opening of the new Weihwei Hospital ushered in a new era of missions at North Honan. By then, it had been almost ten years since Dr. Fred M. Auld first received approval of his plans and estimates for the new hospital at Weihwei.

The New Weihwei Hospital and Nurses Training School

On 8 November 1923 the main building of the new Weihwei Hospital was finally opened, to much fanfare. [See Figure 3.4]. Its opening symbolized the new, prominent place of medical work in mission policy. According to Honan missionary Margaret Brown,

> The change in purpose came so gradually as to be almost imperceptible. Medical work was no longer to be a mere means to an evangelistic end. It was in itself to be a living expression of the Christian Gospel and must, therefore, maintain the highest standards.

It was the age of the Social Gospel, and Medical work could be a strong arm of this Gospel.[34]

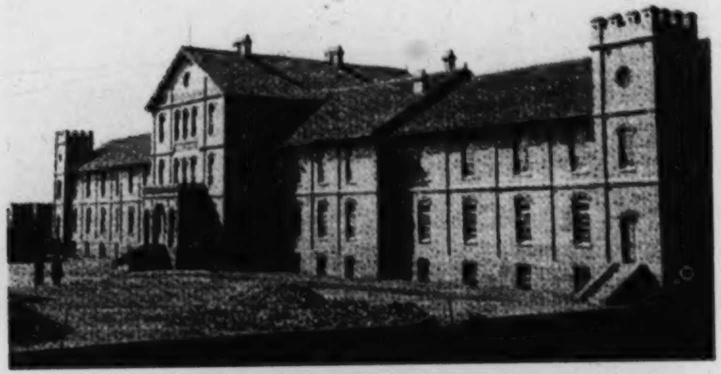


Figure 3.4: New Hospital at Weihwei
From Pamphlet by Dr. E.B. Struthers
UCCVUA 83.041C Box 3 File 13

The grand opening of the new Weihwei Hospital included both morning and afternoon services of dedication – one held in the church, and one in one of the large hospital wards. About two hundred guests attended, mostly officials, scholars and merchants. It was a building to be proud of. The hospital had four great, bright, airy public wards of sixteen beds each, as well as room for two additional large public wards in the basement, if required.[35] [See Figure 3.5]. One of the wards was designated for children and, interestingly, one for missionaries. No longer would the Honan Mission request a nurse to care for missionaries; they could now be accommodated by the hospital. Besides the four public wards, there were private and semi-private wards to accommodate twenty-six patients: Altogether there were about ninety beds, with room for expansion up to a total of 130 beds.[36]

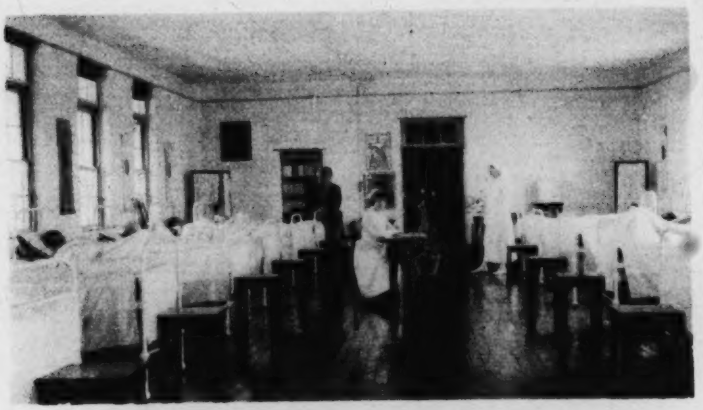


Figure 3.5: New Hospital Ward at Weihwei
With Jean Menzies Sitting
UCCVUA 1999.001P-1938

Patients were now admitted via the bathroom and furnished with clean clothing and fresh bed linen before heading to the wards, where nurses would care for them. The design was based on contemporary Canadian hospitals, and included a main kitchen, "diet kitchens" (run by Dr. Auld's wife May, who was a dietician), X-ray and operating suites, surgical dressing rooms, sterilizing rooms, bathrooms, office, waiting room, and a verandah for all patients. [37] Nurses had their own charting room, and a lecture room to use for nurses training. Hospital staff and patients were not the only ones to benefit from the hospital construction: Since such a modern facility would require electricity and running water, the entire missionary compound was fitted with electric lighting and modern sanitation.

The most unique feature of the new hospital was the Training School for Nurses – the first one in North Honan. Mrs. Ratcliffe was Principal, and Miss Margaret Mitchell her assistant. [See Figure 3.6] The school had actually opened the previous September (1922) under the leadership of Miss Janet Brydon, while Mrs. Ratcliffe was on illness-leave in Canada. When Ratcliffe returned to Weihwei, Brydon returned to the old hospital at Hwaiking. The Weihwei nursing school had strict standards of admission. It was important to choose students of the right age, educational standards (three years of high school), physical fitness, and financial backing – not to mention a "Christian spirit."[38] To Mrs. Ratcliffe, the objective of the nursing school was:

> To give a training which would, first, open the eyes of the nurses to the physical and spiritual ignorance and misery about them; second, make them feel their responsibility towards these conditions; third, teach them how most effectively to relieve and banish them.[39]

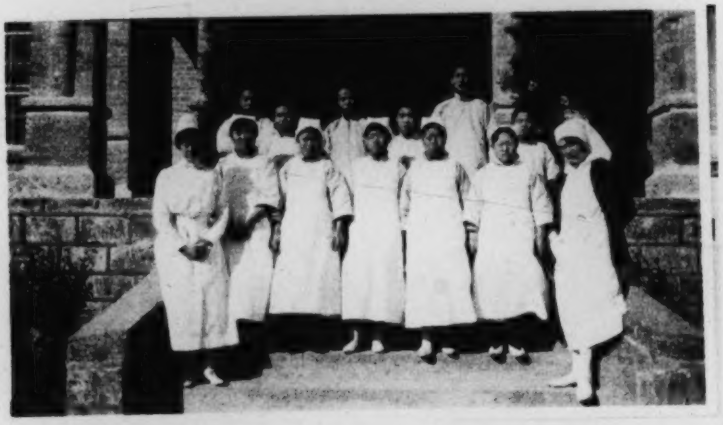


Figure 3.6: Jeannette Ratcliffe (far left) & Margaret Mitchell (far right) With Weihwei Nurses before 1927 Evacuation
UCCVUA 1999.001P-1959

The Honan Mission credited Mrs. Ratcliffe for conceiving the possibility of a nursing school, and making her vision a reality. The ideals of nursing were considered inseparable from the ideals of Christianity, and Ratcliffe's vision was expressly a Christian one. As such, nurses' training in North Honan had a dual-purpose – to contribute to the development of the nursing profession in China, as well as to stimulate nursing students and nurses to a deeper, more mature Christian faith. To Ratcliffe, the former could not be accomplished without the latter. Her vision was similar to that expressed by the Shantung Christian University (Cheeloo) in Tsinan, where she had spent a year, and where one unidentified author wrote:

> The founding of the nursing profession by Christians was an even greater achievement than the introduction of modern medicine; medical schools . . . would have come sooner or later anyway. But young women would not have taken up nursing without the example set them by Christian women of the West.[40]

According to Margaret Brown, to appreciate what the nursing school at Honan meant, one must understand that educated girls in China were reared to think that menial work was beneath them:

> To care lovingly for filthy patients was a new idea and required the Grace of God in the heart. To see rich and poor alike placed in clean beds and waited on in the same way revealed the revolutionary idea of service."[41]

As missionary nurses saw it, there were many cultural barriers to overcome in order to successfully introduce western nursing into China. That is, some of the core concepts and values of nursing were unfamiliar to the Chinese, or even at odds with traditional Chinese culture. These included the value of service (including menial labour), caring for strangers, and caring for someone of the opposite gender. Chinese culture valued filial piety (loyalty to parents) as well as loyalty to extended family and friends. Caring for the sick was a family responsibility: It was neither acceptable to be cared for by strangers, nor to care for ill strangers. This posed a problem for Canadian missionary nurses, to whom the concept of practical sympathy and self-denying love to ill and injured *strangers* was at the core of nursing – and at the core of Christian service. In order to minimize cultural differences and to maintain the Christian vision of the nursing school, the Honan Mission taught in Chinese, and accepted only Christian students into the nursing school – namely, graduates of the mission schools who had made public professions of their faith.

Another method to minimize cultural differences was to train both male and female nurses. Out of respect for traditional Chinese mores, which demanded strict gender separation, the school accepted both male and female students so that nurses would care for patients of their own gender [See Figure 3.7]. The training of both male and female nurses at Weihwei is interesting, considering that nursing in Canada at that time was essentially a female profession. As previously discussed, Honan missionaries in 1888 believed that it was necessary to appoint female missionaries because it was culturally inappropriate for male physicians to care for female patients in China. Yet, when Dr. Jean Dow fought the amalgamation of her Women's Hospital into a General Hospital, the Honan Mission downplayed the need for gender separation in medical care. Thus, while it was common practice for male physicians to care for female patients, it was considered inappropriate for female nurses to care for male patients. At the Weihwei Hospital and Training School, male nursing students cared for patients on the men's wards while female nursing students cared for women and children.

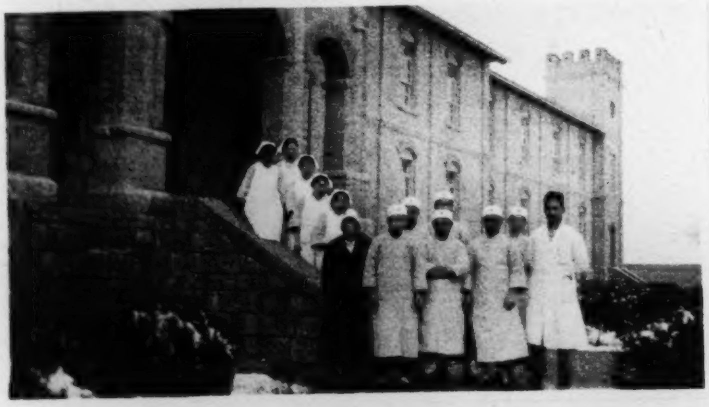


Figure 3.7: Mrs. Ratcliffe and Staff at Weihwei before 1927 Evacuation
(Note male instructor and six male nursing students)
UCCVUA 1999.001P-1957

To Mrs. Ratcliffe, nursing was a valuable profession for both men *and* women in China. She expressed pleasure that nursing seemed to have "taken hold of the interest of many of our young people, [equipping both men and women] for a life of useful service."[42] At the same time, Ratcliffe was not convinced that males were as good at nursing as female. Despite her interest in educating both men and women, she believed that women "naturally [possessed] more aptitude for the work than the men."

Although all of the Weihwei students were graduates of the Canadian mission schools who had been exposed to – if not acculturated in – the worldview of the Canadians, there were still cultural barriers to overcome. That is, Chinese students and their Canadian instructors had disparate views on illness causation, personal hygiene, and the importance of precise measurements (time; medication amounts; patient vital signs). The nursing instructors found it difficult to change their students from the philosophy of *cha pu tao* ("not much difference") to one of exactness; "that medicine to be given at four must not be given at a quarter to five, or that a tablespoonful of medicine must not be given when only a teaspoon was required."[43] For a culture accustomed for centuries to estimate the time by the sun, the idea of prompt and accurate efficiency was new. Yet teaching precise measurement was relatively easy in comparison with teaching western values and cultivating Christian virtues.

To the Honan missionaries, a nurses' temperament and moral fiber was of central importance; only those who displayed a "fine Christian character" were to be admitted into nurses training.[44] The Canadians were not the only ones emphasizing character, however. In 1925 Nina Gage, former President of the NAC and present Dean of the Hunan-Yale school of nursing at Changsha, reported to the ICN that, "certificates of character are evidently required by all . . . In China, students are required to have a 'bondsman' to answer for the good behaviour of the student."[45] Although there must have been many aspects of administering the nursing school that gave Ratcliffe personal gratification, she identified "development of character" of the nursing graduates as giving her "great satisfaction."[46]

In the first year of the new four-year nursing program at Weihwei, eleven pupils enrolled, but only eight were accepted for training – five women and three men.[47] The students were all graduates from the Honan Mission schools. One student, Miss Chou, was the granddaughter of Chou Lao-chang, the first Christian convert in North Honan.[48] The Chinese Church (a separate organization from – but supported by – the Honan Presbytery) took a special interest in the nursing school. Its members proposed that all applicants for admission into the school of nursing be first recommended by their congregations. Furthermore, the Chinese Church requested that all fourth year students attend summer classes for evangelists, and be examined by a committee appointed by the Chinese Presbytery in addition to their regular nursing examinations. Although it is not clear whether all of these proposals were implemented, the proposals themselves highlight how important it was to both Canadian missionaries *and* the established Chinese Christian Church that nurses be practicing Christians. Modern nursing was taking root in Honan, and the first generation of Chinese nurses would be shaped and supported by both Canadian and Chinese Christians.

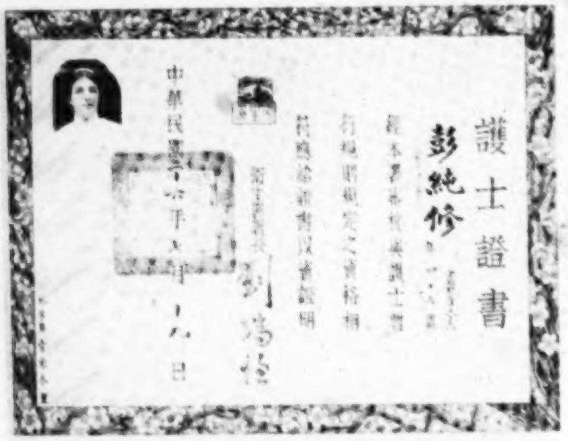
Registration with the Nurses Association of China (NAC)

In January 1922 Janet Brydon joined ninety other nurses from all over China for the Nurses Association of China's semi-annual conference in Hankow. This was the first year that Chinese nurses were in attendance at the weeklong conference. Organizing the conference was no small matter. The nurses traveled by train and riverboat; some from Canton were two weeks *enroute* to Hankow. They were billeted with local missionaries, and they traveled by "steamlaunch, cab or ricksha [through] rain, ice, snow and slush" to visit Hankow hospitals, and gather for large meetings. [49] According to Brydon, the most important decision made at the conference was to have "sectional groups" of the NAC (presumably by region). She returned to Honan invigorated:

> It was a mountainheight [experience], for from it we came back to our work with a broader vision of what came before and of what may be ahead, a better idea of problems we *shall* have to face and *may* have to face, a strengthened resolve and a fuller consciousness that we are one of many, all working for a sure goal, even though isolated and in places where pioneer work has to be done (p. 4, italics in original).

Since there were no government schools of nursing in China, the NAC acted as the governing body for the nursing profession until the 1930s. The NAC translated and prepared textbooks, set examinations, acted as a "placement bureau" for graduates, edited a nursing journal, and looked after the biennial meetings for China.[50] They also set the standards for accreditation: If nurses graduated from an accredited school, their credentials were recognized all over China. By 1923, the NAC had adopted standards that ranged from curriculum requirements (for three or four year programs), to the style of nursing cap worn by Chinese nurses (foreign nurses wore the cap of their alma maters).[51] The NAC inspected prospective schools, registering them if the standards were met; the Honan missionary nurses were keen to have their school at Weihwei accredited.

Although the NAC was historically comprised of foreign nurses, its aim was to have an increasing number of Chinese nurses in leadership positions. The addition of two Chinese nursing instructors to the Weihwei staff in 1924 reportedly increased Honan's chances at achieving registration with the NAC. One of the (unnamed) instructors was a "fine Christian graduate male nurse," and the other was Miss Yang, a former mission pupil and teacher at the Weihwei children's school who had just graduated from the nursing school in Tsinan – presumably at the Shantung Christian University. The addition of these Chinese tutors "gave the school a new prestige," and the Weihwei School of Nursing was admitted into the NAC in the fall of 1924 [See Figure 3.8].[52]



護士證書

彭純修

Figure 3.8: NAC Certification Clara Preston
From Clara Preston's Memoirs, Flowers Amongst the Debris

Development of Modern Hospitals at Changte

With the new hospital and nursing school well underway at Weihwei, the Honan Mission turned its attention and resources to Changte. According to the social gospel that came to characterize the Honan Mission, medical work was to be of the highest standard possible. The priority of the mission would be medical care, even though every facility in the mission was to be offered evangelistic workers, and physicians and nurses would take part in conducting regular devotional services with missionaries and staff. Medical missionaries had much to live up to. In the early 1920s the Rockefeller Foundation had made the very best in western medicine available to the Chinese through the new Peking Union Medical College (PUMC). The Christian Medical

Association of China was concerned that, unless hospitals attained a high standard, there was a "danger of an unfavourable attitude being taken towards a Christianity represented by hospitals so far below recognized standards."[53] There were to be three types of hospitals in China: teaching hospitals linked with a medical school, long-established hospitals that would serve as models in the surrounding area, and pioneer hospitals, where "superstition and prejudice [towards western medicine] still had to be broken down" (p. 14). Honan laid ambitious plans for the second type of hospital, without knowing all that would be involved with maintaining such institutions. This change in focus made more than a few missionaries nervous. For example, Dr. Percy Leslie did not like the mission's new policy of large, modern hospitals. He was concerned that they would be too costly in terms of human and financial resources, and that medical care would overshadow evangelistic work. Thus, after twenty-seven years as a Honan missionary, Dr. Leslie retired to Canada, in 1924.

When Clara Preston arrived in Changte after her language study in Peking, plans for the new Women's Hospital were already laid, under the direction of Dr. Jean Dow and Dr. Isabelle McTavish. The Women's Hospital was to be built next to the Men's Hospital so that the two could cooperate. By this time, the mission at Changte was spread over two compounds – the Eastern Compound was a twelve-minute walk away from the Hospital Compound. Every day Clara Preston would walk from the Eastern Compound to the Hospital Compound to inspect the hospital progress and participate in final decisions. She wrote, "We all helped to plan cupboards, where the window would go – how we could put the furniture to best advantage, and how the work could be carried out most conveniently."[54] Equipping the hospital was by trial and error: "A back-rest, bedside table and stool, mattress, cradle, baby's bassinet, electrical baker seemed so simple as we used them everyday in our training days."[55] Preston also helped out by going to the store to buy screws or hinges for the construction workers. She was intrigued by the lack of modern machinery, inadequate tools, and lack of paintbrushes (the hospital was painted by using silk waste soaked in the paint and rubbed in by hand). It was slow but steady progress. By 1926 the hospital was ready, and Preston moved in.

Mishkids and the Menzies Memorial Hospital

In all the excitement at Weihwei and Changte, the Hwaiking Hospital became neglected. In fact, it had been closed since 15 July 1920.[56] After Dr. Menzies died in March, Mr. Slimmon took over supervision of the hospital but, within four months, the Honan Emergency Committee closed it, pending the appointment of a new Canadian doctor. Various attempts were made secure physicians (first Reeds, then Baird and Struthers), but furloughs, language study and illness thwarted the plans. By 1923 there was still no physician. When Dr. Reeds returned from his furlough, he was discouraged to find the hospital progress stalled, and funds from the Forward Movement exhausted. Believing that the Honan Mission had a moral obligation to construct the new Menzies Memorial Hospital as promised, Dr. Reeds went ahead with plans for the new building.

The Bloor Street Presbyterian Church in Toronto – Dr. James R. Menzies's church – was keen to see medical work at Hwaiking continue. The congregation's desire to support another physician to replace the martyred Dr. Menzies was realized in the person of Dr. Robert (Bob) McClure, son of pioneer Honan physician Dr. William McClure. As both a "mishkid" (missionary kid) and a physician, Bob McClure was the ideal candidate for the Honan Mission. Bob McClure (called *Loa Ming-yuan*) had intended to become missionary at some point, but was actually on his way to graduate studies at Harvard when Rev. Dr. George Pidgeon called him to the vestry for a discussion. According to McClure,

> [Dr. Pigeon] said, 'Bob, our missionary in China has been shot by bandits, how would you like to go out and take his place?' And I was a post-war generation. Toronto was a very quiet place. I felt I had missed all the excitement of war and that sort of thing. And this seemed like a chance for a great adventure.[57]

McClure packed his bags for China, after completing some additional surgery training. If it was adventure he was looking for, he went to the right place. Over the next two decades in war torn China, McClure would have more than his share of excitement.

Dr. Bob McClure was not the only Honan mishkid to return to the Honan Mission that year. Jean Menzies, the daughter of Dr. James R. Menzies, also returned to Honan. [See Figure 3.9.] On 17 June 1923 in a moving designation service at the Bloor Street Church, Bob and Jean were "set apart'" for mission service in Honan, along with Jean's friend, nurse Coral May Brodie. [See Figure 3.10]. Jean Menzies was born at Changte, Honan, on 9 March 1898.[58] She was a toddler during the Boxer Uprising. Jean spent her early childhood at Hwaiking and her school years at Weihwei, where she boarded with the McClures.[59] Jean Menzies was like a sister to Bob McClure. In fact, "McClure" was her middle name.

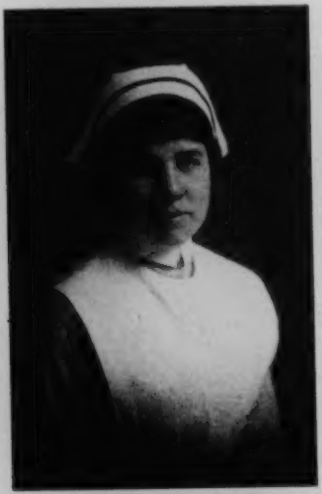


Figure 3.9: Jean McClure Menzies
UCCVUA 76.001P-4615

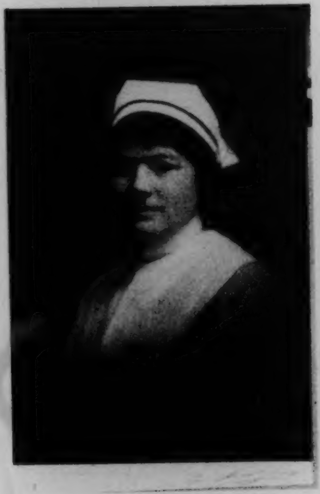


Figure 3.10: Coral Brodie
UCCVUA 76.001P-628

Jean Menzies would have been thirteen-years-old when Mrs. Ratcliffe became matron of the Weihwei school for missionary children in 1911. Missionary kids did not learn Chinese at their school at Weihwei, but rather from their Chinese playmates – sometimes to the chagrin of their parents. According to Bob McClure, his father William used to draw a chalk line across the door of their house, and give him a "really good spanking" if he spoke a word of Chinese inside that chalk line.[60] William McClure was apparently concerned that his son was more comfortable with Chinese than English, and that he might have difficulty when the family returned to Canada. Thus, when Bob McClure and Jean Menzies went to language school together in Peking in 1923, it was not so much to learn to speak Chinese, but to "clean up" their street vernacular and Honan dialect. They also had to learn to write in Chinese.

When Dr. James Menzies was killed in 1920, Jean Menzies was living in Toronto with her mother and two sisters. Mrs. Davina Robb Menzies had returned to Canada the previous year to recover from "sprue," a tropical disease.[61] Jean was a first year nursing student at the Toronto General Hospital when she received word of her father's death. It is not clear whether Jean had always intended to return to Honan as a nurse, but it seems a natural choice, given her parent's dedication to the mission and the growing need for nurses at Honan. As a newly graduated nurse, Jean returned to China with her widowed mother, Davina Robb Menzies. The missionaries at Honan were delighted to have "one of our own" return as a missionary in her own right. Jean would be the first of seven Honan "mishkids" who returned to China after taking nurses training in Canada.[62] Jean Menzies's friend Coral May Brodie was born on 3 May 1897 at Bethesda, Ontario. Brodie attended Toronto General Hospital School of Nursing, graduating one year before Menzies, in 1921. Brodie took a year of training at the Presbyterian Missionary and Deaconess Training Home in Toronto in 1922, and was ready to travel to China with Menzies and her mother in 1923.[63] After language school, Menzies and Brodie were appointed to Hwaiking, where they were to work under the leadership of Janet Brydon at the as-yet-incomplete Menzies Memorial Hospital. Both nurses were at the old Hwaiking hospital when Dr. Bob McClure first arrived there in 1924.[64]

Retrospectively, one must wonder at the Honan Mission's decision to place Jean Menzies, Bob McClure and Janet Brydon together at Hwaiking, considering how intimate the tragedy of Dr. Menzies's murder was for each of them. Did the mission not foresee the awkwardness of the situation, where Jean would have to work under the leadership of the very woman her father had died to save? McClure's biographer later commented on the bizarre situation:

> The nurse at [McClure's] side making ward rounds was the late doctor's daughter [Jean]. The head nurse, Janet Brydon . . . was one of the women Dr. Menzies had rushed to aid on the night he was murdered . . . There was no escaping Menzies. Everybody around still remembered him as clearly as though he had just left the room.[65]

Perhaps the full emotional impact of the scenario did not hit Jean until she actually arrived at Hwaiking. Or, perhaps she followed her mother's lead back to their Chinese "hometown." Whatever the reason she went to Hwaiking, Jean Menzies did not stay there long. Sometime in 1924, Jean transferred to the hospital at Weihwei [See Figure 3.11].[66]

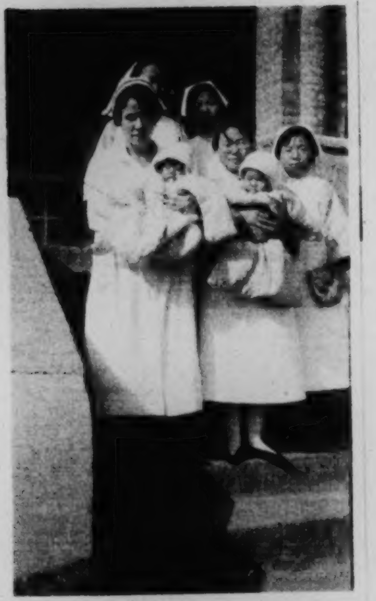


Figure 3.11: Jean Menzies at Weihwei
UCCVUA 1999.001P-1956

The Hwaiking hospital staff, such as it was, carried on with medical care while awaiting the construction of the long-promised memorial hospital. They pressed forward with the meager resources and primitive facilities at hand [See Figure 3.12]. In 1924 they were faced with an onslaught of a new category of patients: Wounded Chinese soldiers. They resigned themselves to spreading sawdust on the operating room floor during amputations to collect the "gory" waste.[67]

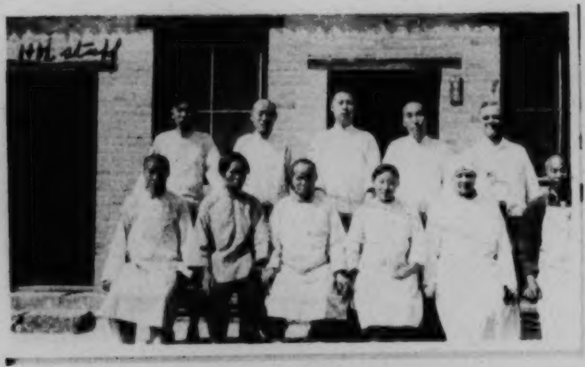


Figure 3.12: Hwaiking Hospital in Pre-Nursing School Days
UCCVUA 1999.001P-1811

Rising Nationalism and Anti-Foreignism

By the end of 1924, the nursing situation at Honan was better than it had ever been, with Jeannette Ratcliffe, Margaret Mitchell and Jean Menzies at Weihwei, Clara Preston at Changte, Janet Brydon and Coral Brodie at Hwaiking, and Isabella Leslie at the small outstation at Wuan.[68] In addition, long-time evangelistic worker Margaret Gay was in Canada taking nurses training at the Vancouver General Hospital, with plans to return to China in 1926. It was a heady time for the nurses as they moved forward with plans for modern hospitals, schools and registration with Nursing Association of China. Once again, however, the winds of political change were blowing, and the Honan nurses found themselves propelled off course.

The years 1924 to 1927 were a period of upheaval and redirection, for the Presbyterian mission in North Honan, and for China as a nation. The Presbyterian Church of Canada was going ahead with plans to amalgamate with the Congregationalists and the Methodists into one United Church of Canada by 1925. Under the new union, three Canadian missions in China were restructured as United Church missions: the Presbyterian mission in North Honan became the *North China Mission* (NCM); the Methodist mission in Szechwan became the *West China Mission* (WCM); and the Presbyterian mission in Canton became the *South China Mission* (SCM). Although not everyone agreed with the church union, being part of one United Church provided opportunities for collegiality among Canadian missionary nurses: United Church missionary nurses became part of a Canadian family spread thousands of miles apart in China.

The political changes in the Presbyterian Church were significant, but it was political changes in China that most directly impacted the Canadian missionaries during this period. China was in chaos. After the overthrow of the Ch'ing Dynasty during the First Revolution, President Sun Yat-sen worked to mold China into a unified republic. According to Margaret Brown, Yuan Shih-kai betrayed the republic by trying to set himself up as Emperor, and the nation rose in rebellion against the idea. Yuan died in 1916 and chaos followed. The country was divided into spheres of interest, with various warlords fighting each other for territory. Parliament was set aside as warlords struggled to increase their spheres of influence. Bandits ruled supreme in a large portion of the interior, particularly in Honan.[69] Dr. Sun Yat-sen died on 12 March 1924, without achieving his vision for a unified China.[70] Dr. Sun's ideas, however, fueled the revolutionary fervor of Kuomintang, and became the basis of the Nationalist government eventually established by Chiang Kai-shek in Nanking. It was Chiang's violent Northern Expedition from Canton to Nanking that triggered the Great 1927 Exodus of most foreign missionaries from China, including Canadian nurses in Honan.

Although accustomed to living in a volatile environment, Canadians at North Honan in 1925 were nervously anticipating the eruption of serious trouble. After Sun Yat-sen's death, anti-foreign nationalism had become palpable – particularly among China's student population. This surge of nationalism was fueled by three separate incidents in which foreigners opened fire on Chinese demonstrators – in Shanghai, Canton, and Wanhsien.[71] After the "May Incident" in Shanghai, missionaries at Hwaiking detected an upsurge of violent nationalism. As one Chinese general advanced toward Hwaiking with the goal of taking control of the coalmine railway and the Yellow River away from local warlords, wounded Chinese soldiers from both sides began to show up at the mission hospital. The medical and nursing work escalated – as did the threat of banditry. According to Dr. Bob McClure, many of the local bandits were army deserters who kept their weapons and ammunition with them when they broke ranks. Patients admitted to the mission hospital were required to surrender their firearms for the duration of their stay, but McClure carried a concealed gun just in case.[72]

At Changte, Clara Preston also noticed a rise in anti-foreignism after the May Incident. To avoid trouble, the missionaries quietly disbanded their summer theology school but, by the end of June, some of the Chinese church elders advised the Canadians to send as many as possible away for summer holidays. This was not easily accomplished. Clara Preston and Minnie Shipley accompanied Margaret McIntosh to the train station; sixty-eight year old McIntosh rode in a ricksha across muddy roads in the rain, with Preston and Shipley alongside. As Preston wrote,

> It was so hard going that [Miss McIntosh] twice felt she couldn't make it but we urged and encouraged her to try. When we arrived at the station the students were there with banners with anti British mottoes telling the innocent peasants how terrible the British were, and the posters showed in graphic cartoons how some had been killed.[73]

By 2 a.m. there was still no word of the train so the three women headed to the Canadian Hospital Compound, which was nearer to the train station than the Eastern Compound, to spend the rest of the night. As Preston later recalled,

> The walk back from the station was an eire [*sic*] experience. The road was wet and slippery. We tried to carry umbrellas and a lantern to avoid slipping off the road into the dirty ditch on the side. The dogs heralded our approach and at nearly every house or store we passed we saw a door cautiously opened and a face peering out to see why the dogs were barking. In some cases we would see just an eye peering at us (p. 34).

Relieved to be in the shelter of one of the mission compounds, the ladies spent the night; the [unnamed] doctor gave up his bed to McIntosh, while Preston and Shipley slept on the floor. The train finally arrived the following evening, and the ladies headed north to safety.

The hospital at Changte was subsequently closed for three months during the summer of 1925. The women had hoped that they could move into their new Women's Hospital in early 1926, but its opening was delayed until later in the year. [See Figure 3.13] When the new hospital finally opened, there was no fanfare like there had been at Weihwei three years earlier. Instead, the missionaries simply expressed satisfaction in the expanded opportunities pr[illegible] them by the new facilities. For example, they took pride in the fact that several obstetrical cases were cared for in the new wards by nursing staff under the direction of Clara Preston, and considered the successful outcome of the first major abdominal operation a "cause for great rejoicing."[74]

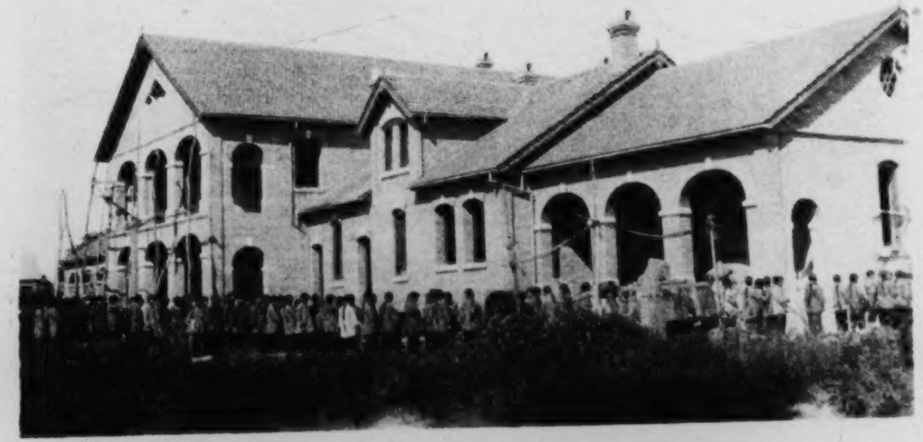


Figure 3.13: Inspection by Chinese schoolchildren of the new Woman's Hospital at Changte, c 1926
UCCVUA 1999.001P-1666N

Like Changte, the new hospital at Weihwei noted an increase in wounded Chinese soldiers and civilians. Five times in one month the hospital received men with abdominal wounds, and throughout the spring there were soldiers in the wards. The doctors were "delighted" to have qualified nurses to care for those with serious abdominal wounds. As tensions in China mounted, Mrs. Ratcliffe ensured that the hospital work carried on "with something like regularity and routine" despite being faced with "the uncertainty of being able to do what was planned."[75] Ratcliffe struggled with the logistics of ordering and receiving supplies, preparing rooms for military patients and refugees, and working with only one physician – Dr. Gordon Struthers – while Drs. Baird and Auld were away. The difficult political conditions affected the nurses' training school, but Ratcliffe was determined to carry on.

By 1926, the Weihwei nursing school had twenty-three students, many of whom were male: In fact, only four of the eleven third year students were female.[76] At the end of the school year, three senior nursing students successfully completed their nursing examinations. This marked a milestone in nursing history: North Honan had graduated its first class of nurses.

Wedding Bells and the Case of Married Nurses

As frequently happened, one of the new missionary nurses resigned from the WMS in 1926 to marry a fellow missionary. Jean McClure Menzies became engaged to Dr. Handley Stockley of the English Baptist Mission. They planned to marry in 1926, but Dr. Stockley was "shut up for eight months in the siege of Sian [Xian]."[77] The siege was lifted in December, so the marriage took place in January, at Weihwei [See Figure 3.14]. The Baptist Mission gained a missionary wife but the Honan Mission lost both a missionary nurse, and a beloved mishkid.

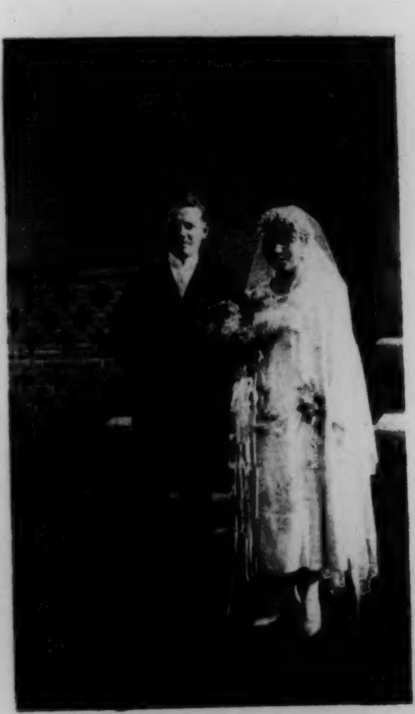


Figure 3.14: Wedding of Handley and Jean (Menzies) Stockley, 1927
UCCVUA 1999.001P-2046

The nurses who worked at the Honan Mission during the Missionary Era can be divided into four different categories: (1) WMS nurses who stayed unmarried, (2) WMS nurses who resigned to be married, (3) FMB missionary wives who happened to be nurses and, (4) Honan mishkids who took nurses training in Canada and then returned to China as missionary wives

[See Appendix 6: Four Types of Nurses]. Although the focus of this study is on the WMS nurses (all single), it is important to point out that married nurses also contributed to the profession of nursing in China. Of the twenty-one WMS nurses in this study, twelve resigned to be married. Of these twelve, ten married China missionaries and remained in China as missionary wives. Although little is known of their contribution to nursing after their marriages, it is clear that some volunteered their nursing services when the need arose. For example, Mrs. Maisie (McNeeley) Forbes lived at Honan for another twenty-four years after her engagement to Rev. H. Stewart Forbes in 1916. Maisie made herself available during wartime crises, including helping out in the operating room in 1938.[78] Similarly, Mrs. Elizabeth (Thomson) Gale helped out at the nursing school at Cheeloo University after marrying Dr. Godfrey Gale in 1940, and before becoming a Prisoner of War with her husband and infant daughter from 1941 to 1945.[79] Finally, Mrs. Jean (Menzies) Stockley remained in China for at least sixteen years after her marriage to Dr. Handley Stockley in 1927. From Sian in 1943, Mrs. Stockley aided refugee students from Honan, including one nursing student who had contracted tuberculosis during nurses training.[80]

In addition to the ten former WMS nurses who remained in China after they married, some of the women who came to China as FMB-supported missionary wives were also graduate nurses. These included Mrs. Christina Malcolm, Mrs. W.C. Netterfield, Mrs. M. Roulston, Mrs. MacKinley, Mrs. Alexander, and Mrs. Anna Marion (Fisher) Faris. In addition, Mrs. Amy (Hislop) McClure – the wife of Dr. Bob McClure – took two years of nurses training at the Toronto General Hospital, but did not complete her program before coming to China. As missionary wives, these women had no formal obligation to work as nurses, and many kept busy caring for their children. Still, many did offer their nursing skills when the mission was shorthanded. For example, Mrs. MacKinlay helped her husband in the operating room in 1931, and Mrs. Alexander became the temporary Superintendent of Nurses at Weihwei in 1946.[81]

Marion Fisher (later Faris) made history on 10 May 1923 when she, along with Margaret Healy and Beatrice Johnson, accepted her degree of Bachelor of Applied Science (in Nursing) at the University of British Columbian convocation. These three women were the first to acquire university degrees in nursing anywhere in the British Empire. [See Figure 3.15]. Ethel Johns, the director of the new program in 1919, had handpicked Fisher because she had already taken a year of university (the UBC-McGill program, in 1913). Although she successfully completed her degree, Fisher contracted tuberculosis and, immediately following her graduation, went as a patient to the TB San [Sanatorium] at Tranquille for a year. Fortunately, hers was not an advanced case, and Fisher was able to complete her recovery at Gabriola Island.[82] Marion Fisher married Rev. D. K. Faris, and they were both appointed as missionaries to Honan, where they worked from 1925 until 1937. Although Faris was designated as an "evangelistic worker," she did not lose sight of her nursing interest, as evidenced by an article she wrote for the *Honan Messenger* in 1927, in which she described the "sick room in Wuan:"

> Here we find Agnes Bruce, the "Pollyanna" of our mission. For months she has been in bed and unknown to herself is always playing the "just being glad" game. After being "war-stayed" on Kikungshan for six weeks, there followed a hard journey of days during cold November, but she was "so glad to be home for Xmas" . . . Our prayers follow her and her family as they journey to Canada, where it is hoped she will soon regain her health.[83]

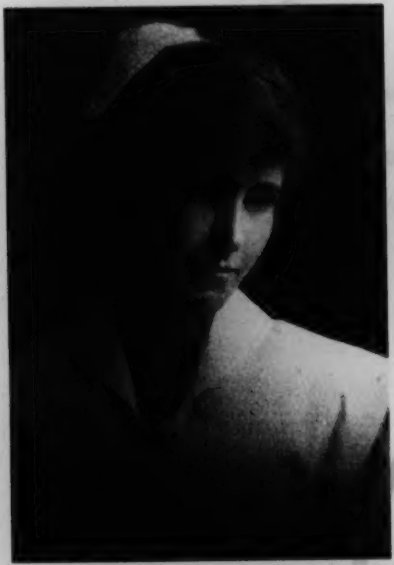


Figure 3.15: Anna Marion Fisher Faris
UCCVUA 76.001P-1832

It is difficult to know to what extent married nurses were involved with care of the sick and injured in Honan, since no formal record was kept of their service. For example, Mrs. Florence (MacKenzie) Liddell lived in China for seven years after taking nurses training (1934 – 1941), but it is unclear whether she practiced nursing there. Similarly, Florence's sister-in-law, Mrs. Dorothy (Lochead) MacKenzie lived in China for six years (1943 – 1949). Although there is record of Dorothy teaching nursing students in Fowling, Szechwan in 1948, it seems that most of her energies were spent on her husband and children.[84] Both Dorothy and Florence were Honan mishkids who took nurses training in Toronto, then returned to China with their missionary-husbands. Neither fit neatly into the other categories of nurses described.

The daughter of NCM missionaries Hugh and Agnes MacKenzie, Florence had always wanted to become a nurse. However, she was not certain whether she would return to China after studying nursing in Canada – that is, until she met and fell in love with a missionary she met in Tientsin, where her parents ran a boarding house for missionaries under the auspices of the United Church of Canada. After becoming engaged at age eighteen, Florence headed to the Toronto General Hospital, along with her best friend and fellow Honan mishkid, Elizabeth (Betty) Thomson. Florence planned to return to China when she had completed her nursing education: Her father believed that all women should have some kind of training before getting married.[85] In 1933, after a lengthy and long-distance engagement, Florence married her fiancé Eric Liddell – the legendary "Flying Scotsman." [See Figure 3.16] Liddell had been a 1924 Olympic gold medallist, and was later the subject of the acclaimed film *Chariots of Fire*. He had been in China with the London Missionary Society since 1925. In 1941, when Florence was expecting their third child, she returned to Canada with her young daughters because of the escalating war in China. Eric stayed in China, and subsequently became a Prisoner of War. He died at the Weihsien internment camp in 1945, of a brain tumor. Finding herself widowed with three children, Florence went back to work as a nurse, in Canada.[86]

Figure 3.16: Wedding of Eric and Florence (MacKenzie) Liddell, 1933
Private Collection, Courtesy Louise (MacKenzie) McLean

Of the twenty-one WMS nurses in this study, twelve resigned to be married, seven had long careers, one resigned due to illness, and one resigned due to the closure of the mission in 1947. Thus, with few exceptions, the WMS nurses either resigned to be married, or worked for many years in China. On average, unmarried Canadian nurses worked in Honan for twenty-five years, including: Margaret McIntosh (38 years); Margaret Gay (30 years, including 13 as an evangelistic worker); Jeannette Ratcliffe (25 years); Clara Preston (25 years); Janet Brydon (21 years); Coral Brodie (18 years); and Margaret Mitchell (17 years).[87] These nurses' commitment to China through so many periods of tumult is extraordinary. As it was, all of these long serving nurses were already appointed to China by the time of the Great 1927 Exodus.

The Great 1927 Exodus

The year 1926 was an historic year for nursing in Honan, with the graduation of three students from Weihwei. It was also an historic year for China. Dr. Reeds of Hwaiking described 1926 as a year of "unrest and upheaval, of turbulence and warfare, change and unsettlement, banditry and exaction."[88] That year, Chiang Kai-shek's Nationalist Revolutionary Army headed north from Canton, and there were a growing number of student demonstrations. The Honan missionaries were increasingly on edge as they tried to make sense of reported and rumored political developments. As Reeds understood it, China was an "armed camp" with two million men in uniform "contending for supremacy;" it was a battle of the North against the South, with

Chiang Kai-shek leading the South. To Reeds, China's sudden change from a Dynasty to a Republic had been a great failure and the most pressing need was for a central government, with power to govern.[89]

When the Nationalist army seized Nanking on 24 March 1927, it was with the aim of establishing a new central government. The struggle to unify China was characterized by bloodshed and violence, and the foreigners felt threatened. By the time Chiang entered Nanking, many foreign missionaries had already been evacuated to the safety of the coastal treaty ports. Yet, the Honan missionaries lingered on. Except for comparatively small local skirmishes, the Honan Mission remained relatively isolated from the Nationalist campaign. Besides, the missionaries had crises of their own to contend with, including the death of Dr. Jean Isabel Dow on 17 January 1927. For Honan, Dr. Dow's death meant the loss of a "precious gift to China."[90] For Margaret McIntosh, Dr. Dow's death meant the loss of an "intimate and tender relationship" that had spanned thirty-two years. At age seventy, McIntosh decided it was time to retire.

For the missionary nurses at Hwaiking, Changte and Weihwei, there was more than enough work to keep their attention. Clara Preston had been in Peking helping to nurse Dr. Dow in her illness, and accompanied her remains back to Changte by train. Preston noticed some "unrest and tension in the air" during the spring of 1927. In a letter to friends in Canada dated 19 February 1927, Clara Preston described her day-to-day nursing experiences at the newly opened Women's Hospital in Changte:

> Our children's ward is full (3) beds [*sic*]. The first boy came from the village where the people were massacred. His mother was shot before his eyes and he himself is badly shot in the thigh and leg. He has nightmares and bad dreams poor boy! . . . In the next bed is a poor thin boy with kala azar and he has bronchitis. He coughs a great deal, he sure was dirty when he came in. He calls me his adopted mother. In the cot is a small girl who was also shot at that place. Her temperature to-day was 104. She is badly shot in the leg and thigh. A number of women and children were in a group and the soldiers shot right into the group. In another room we have an old woman the soldiers shot through the breasts, she is 70 years old.[91]

Despite the rising political tension, the missionaries did not expect to have to leave Honan. When a telegram arrived from Tientsin on 1 April 1927 asking the missionaries to "All leave at once," it "came like a bolt out of the blue."[92] The missionaries scrambled to pack for the journey north. Hwaiking missionaries traveled by train, in third class compartments without heat or windowpanes; cold wintry air blew in for two days. There was room for only four or five to sit down at a time, and baggage was stacked high in the aisles. Soldiers lay in the deep overhead luggage racks, from where they spat at those sitting below. When it came time to disembark, the crowds were too dense to press through: The Hwaiking missionaries squeezed themselves – and their baggage – through the train windows onto the platform below.

At Changte, the Canadians called the Chinese hospital staff together to inform them of their plans to evacuate. While Preston and the others took inventories and gave away supplies in preparation for their departure, they were disconsolate, realizing that,

> the work of years for the older missionaries had to be closed in three days' time. What mingled feelings we all had – when could we return – who would look after the sick – where would our staff go . . . Only those who have seen their work grow and then have to be laid aside know what that means.[93]

Preston and the others boarded a train for Tientsin, taking along a lunch of cold toast sandwiches and soup inadvertently made with sour milk ("our cook was away, and the second boy tried so hard to help"). In Tientsin they met up with the other Canadians, as well as numerous other foreign refugees, and slept with as many as fifteen to a room. The Honan missionaries (ninety-six of them) later camped out in three unfurnished houses in a compound known as Mimosa Court. They had one dining room between them. American Marines loaned army cots to the group, and the missionary men used boards to make tables and benches.[94] Those who were due furloughs were given permission to leave for home: Preston was among this group, and she returned to Canada. Others waited out the storm in Tientsin. A deputation from the home church in Canada who had planned to meet with the Honan missionaries had already reached China, and was keen to meet with the missionaries. Thus it was that the Honan missionaries formally met for the last time as Presbyterians while refugees in Tientsin. A group photo taken to mark the historic meeting shows Janet Brydon, Jeannette Ratcliffe, Marion Fisher Faris, and three mishkids who would go on to nurses training before returning to China as missionaries themselves: Florence MacKenzie, Mary Boyd and Dorothy Boyd [See Figure 3.17].

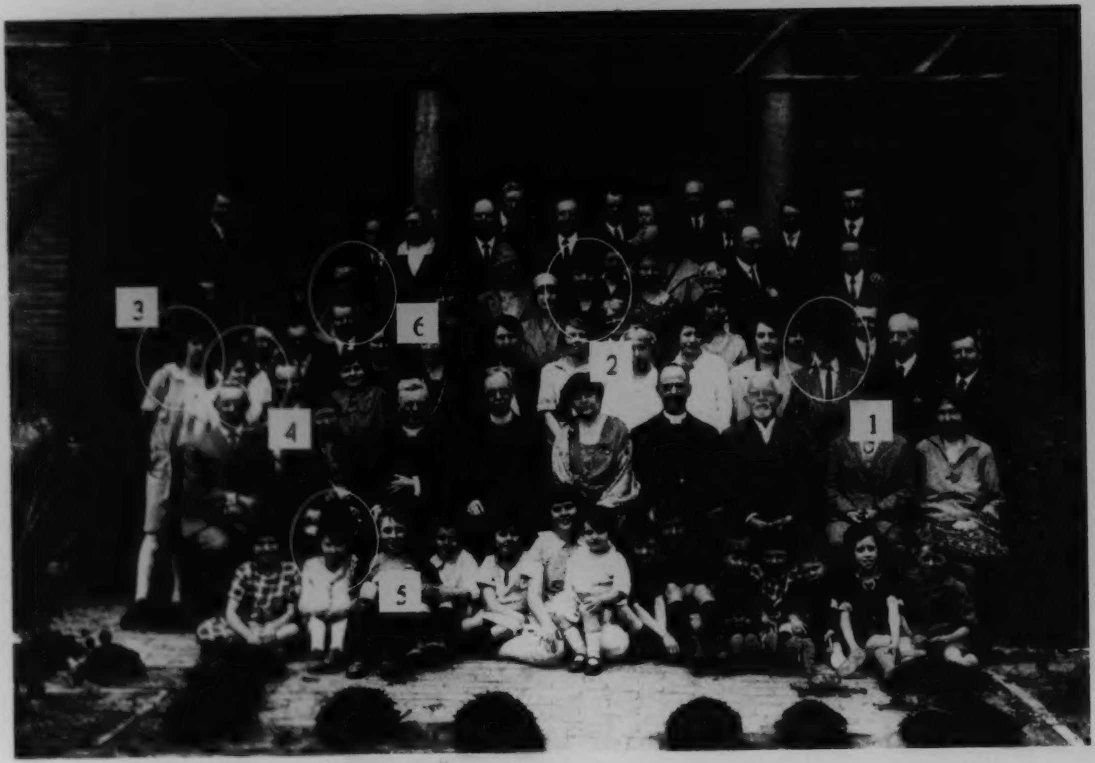


Figure 3.17: Historic Last Meeting of the Honan Presbytery, Tientsin 1927
UCCVUA 1999.001P-1602

(1) Jeannette Ratcliffe
(2) Janet Brydon
(3) Florence MacKenzie
(4) Mary Boyd
(5) Dorothy Boyd
(6) Marion (Fisher) Faris (non-WMS nurse)

Missing nurses: Clara Preston, Coral Brodie, Jean Menzies, Margaret Mitchell, Isabel Leslie,
Missing mishkids who later became nurses: Elizabeth Thomson, Dorothy Lochead

The year 1927 would be remembered as the year of the Great Missionary Exodus. In total, 8300 missionaries were evacuated; three thousand never went back to their missions. [95] The Honan Mission lost twenty of their ninety-six missionaries, including missionary nurse Margaret McIntosh.

Summary

By the early 1920s, the necessary support was in place for the development of nursing in North Honan. Woman's Missionary Society supporters in Canada provided funding and moral support, the China Missionary Medical Association provided scientific evidence of the need for nursing in China, the Nurses Association of China and the International Council of Nurses provided a national and international professional network, the Chinese Christian Church provided a link between the mission and prospective nursing students, and the Honan Mission provided human resources to establish modern hospitals. In addition, graduate nurses – both Chinese and Canadian – responded to the call for nursing leaders: Two Chinese instructors came on staff at Weihwei, and six Canadian nurses were appointed by the WMS (Leslie, Galbraith, Straith, Preston, Menzies, Brodie). For all intents and purposes, modern nursing was poised to take root in Honan.

As China struggled to redefine itself through revolution, warlord rule and the Nationalist advance, the need for nursing care seemed more poignant than ever: Along with the anticipated illness and injury care came an increased number of wounded soldiers and civilians. Paradoxically, the same events that triggered an increased need for nursing care also triggered the interruption of nursing services. When the Canadians evacuated Honan in 1927, nursing services were still in their infancy, largely dependent on foreign nurses and, therefore, not sustainable. Once again, nursing services at North Honan came to a standstill.

Notes

---

[1] Preston, *Flowers*, 50.
[2] Brown, *History of NCM*, LXVI: 4.
[3] Brown, *History of NCM*, LXVI: 1-14.
[4] R. G. Struthers, "The New Hospital at Weihwei" UCCVUA 83.014C Box 3 File 13.
[5] The currency is not specified, but is most likely in Canadian dollars since Dr. R. G. Struthers wrote to the supporters in Canada that the cost was $50,000. See Struthers, "New Hospital."
[6] Craigie, Lillian Bertha "Woman's Missionary Society Notes" 1926, M 285, Box 3 File 25. Glenbow Museum and Archives (Hereafter GMA). By 1926, Canadian Presbyterian, Methodist and Congregationalist churches had combined into the United Church of Canada. Since the Methodist church historically supported mission work in Szechwan, the new United Church took an interest in work at Szechwan (West China) as well as that in Honan (North China) and Kongmoon (South China)
[7] Craigie, "WMS Notes" File 26. GMA.
[8] Jean Skinner, telephone conversation with author.
[9] Craigie, "WMS Notes" File 24. GMA
[10] Central United Church, M1365 Box 19 File 164; Box 18 File 153. GMA. Author of *Serving with the Sons of Shuh* is Rev. J.K. Beaton; authors of *China Rediscovers her West* are Yi-Fang Wu and Frank W. Price. The Presbyterian Church of Canada had become part of the United Church of Canada by this time.
[11] Craigie, "WMS Notes" File 24. GMA.
[12] See Preston, *Flowers*, 45-51.
[13] Struthers, "New Hospital."
[14] "Dr. Jean Isabel Dow," *Honan Messenger*, XIII (4). UCCVUA 83.058 C Box 17 File 16 Series 3.
[15] Harold Balme and Milton T. Shauffer, "An Enquiry into the Scientific Efficiency of Mission Hospitals in China," 1-39, Presented at the Annual Conference of the China Medical Missionary Association, February 21-27, 1920, Peking. Housed at the University of Alberta JW Scott Library (JWSL), RT 02 004 ANO483 Microfiche. The Canadian Presbyterians were not the only ones with hospitals in Honan at the time: The China Inland Mission and Canadian Anglicans also carried out medical work. Since only "78%" of the Honan missions replied to the survey, it is unclear whether it was the Presbyterians who responded. However, since anecdotes by nurse Clara Preston are consistent with the findings of the CMMA study, it seems likely that the Presbyterians were included.
[16] Jamme, "Nursing Education": 667.
[17] Chung-tung, "Caring Scholar": 321.
[18] Balme and Shauffer, "Enquiry": 31.
[19] Balme and Shauffer, "Enquiry": 1.
[20] L. Clara Preston, "Nursing in China," *Canadian Nurse* 43 no. 3 (1947*)*: 217-8.
[21] Chung-tung, "Caring Scholar": 321. Although the admission of Chinese members to the NAC was only made possible after 1922, by 1930, all the officers of the NAC were Chinese. According to Brown, the School of Nursing opened a year before the main hospital at Weihwei. Brown, *History of NCM*, LXVI: 7.
[22] Margaret Straith was at language school in Peking in 1921 with fellow Winnipeg Alumnae Mabel Naisbett. Other Winnipeg alumnae working in China were Irene Harris and Grace Bedford and, later, Susie Kelsey. Letter from Mabel Naisbett to Miss Polyxphen, 22 January 1922. Alumnae Association of the Winnipeg General Hospital (hereafter WGH/HSCA).
[23] Preston, *Flowers*, 21.
[24] Skinner, telephone.
[25] Preston, *Flowers*, 2.
[26] Preston, *Flowers*, 20.
[27] Dr. Leslie had already retired, but returned to Honan after hearing about the death of Dr. Menzies. Brown, *History of NCM*, LXVI: 2.
[28] Preston, "Nursing in China."
[29] Preston, *Flowers*, 45.

---

[30] Preston, *Flowers*, 49. This section is based on memoirs written by Clara Preston in 1938. It seems surprising that intravenous injections would have been given during the time period described by Preston (1920s). However, Margaret Brown's record of the use of "injections of brandy" as a treatment for Rev Harold M Clark in 1903 corroborates the early use of injections, although perhaps not intravenously (see Chapter 2 note 17).

[31] Preston, *Flowers*, 46.

[32] Struthers, "New Hospital."

[33] Struthers, "New Hospital." Struthers is quoting "a writer" but does not say whom.

[34] Brown, *History of NCM*, LXVI: 13.

[35] Struthers, "New Hospital."

[36] Brown, *History of NCM*, LXVI: 1-14.

[37] Brown, *History of NCM*, LXVI: 5; Struthers, "New Hospital."

[38] Preston, *Flowers*, 49.

[39] From "The planting of the faith," WMS 1921, quoted by *Brown, History of NCM*, LXVI: 8.

[40] Brown, *History of NCM*, LXVI: 8.

[41] Brown, *History of NCM*, LXVI: 7.

[42] Ratcliffe, "Weihwei Hospital." *Honan Messenger*, XIII (4): 14-5. UCCVUA 83.058C Box 57 File 16 Series 3.

[43] Brown, *History of NCM*, LXVI: 7.

[44] Preston, "Nursing in China,"217.

[45] Quoted in Isabel M. Stewart, "Report on Nursing Education in Countries Affiliated with the International Council of Nurses," *CN*, January 1926: 27, 43.

[46] Ratcliffe, "Weihwei Hospital."

[47] For some reason, twelve reportedly finished the year's work: four from Weihwei and three each from Hwaiking and Wuan, and one each from Hsiuwu and Taokow. Brown, History of NCM, LXVI: 9.

[48] Brown, *History of NCM*, LXVI: 7. Also spelled "Chow."

[49] Lillian Brydon, "The Nurses' Association," *Honan Messenger*, VIII (4): 4. UCCVUA BV 3420.H6hmps. Brydon reports the attendance of six Chinese nurses from Canton, "whose passage money to the amount of three hundred dollars had been provided by . . . " but the rest of the sentence is indecipherable. Their reliance on external funding might explain why Chinese nurses had not been present at NAC meetings in previous years.

[50] Preston, "Nursing in China," 218.

[51] Jamme, "Nursing Education": 666-74.

[52] Brown, *History of NCM*, LXVI: 9.

[53] Brown, *History of NCM*, LXVI: 13

[54] Preston, *Flowers*, 48.

[55] Preston, "Nursing in China," 217.

[56] Brown, *History of NCM*, LXVI: 11-2.

[57] McClure, interview.

[58] UCCVUA Bio File, Jean McClure Menzies.

[59] Later there would be a residence for missionary kids at the Weihwei school, but in the early days mishkids boarded with Weihwei families.

[60] McClure, interview.

[61] Brown, *History of NCM*, LXV: 1.

[62] Others were: Georgina Menzies, Mary Boyd, Dorothy Boyd, Elizabeth Thomson and Florence MacKenzie.

[63] UCCVUA Bio File, Coral May Brodie.

[64] Scott, *McClure*, 81.

[65] Scott, *McClure*, 82-3.

[66] Assembly Minutes, 1924. "List of Missionaries – VII – North China" UCCVUA FA 138. Here Jean is listed at Hwaiking in 1924; her UCCVUA Bio File lists her at Weihwei the same year.

[67] McClure, interview.

---

[68] Assembly Minutes, 1924. Although only Changte, Weihwei and Hwaiking developed modern hospital facilities, in 1924 there was still some question of constructing a new hospital at Wuan, since one Canadian family had donated money expressly for this purpose.

[69] Brown, *History of NCM*, LXXI: 1.

[70] Vohra, *China's Path*, 97, 115.

[71] See Vohra, *China's Path*, 124-5; Cheung, *Missionary Medicine*, 30. Cheung states that during the Shanghai incident, eleven Chinese were killed and several others injured after the British opened fire on 3000 student demonstrators. In the Canton incident, fifty-two Chinese were killed and more than 100 injured when British and French fired on demonstrators as their parade was reaching the Anglo-French concession.

[72] Scott, *McClure*, 115-20.

[73] Preston, *Flowers*, 34.

[74] Brown, *History of NCM*, LXXIII: 14-5.

[75] Ratcliffe, "Weihwei Hospital."

[76] Brown, *History of NCM*, LXXIII: 15.

[77] Brown, *History of NCM*, LXXIII: 16.

[78] Brown, *History of NCM*, XCV: 13-4.

[79] Elizabeth Thomson Gale, personal diary written 1941-45. Courtesy Margaret Gale Wightman.

[80] Brown, *History of NCM*, CVIII: 4.

[81] Brown, *History of NCM*, LXXXVIII: 2; CXI: 7. Mr. and Mrs. Alexander were from the Friends Ambulance Unit, and helped with postwar hospital rehabilitation.

[82] See Glennis Zilm and Ethel Warbinek, *Legacy: History of Nursing Education at the University of British Columbia, 1919- 1994*. (Vancouver, BC: University of British Columbia School of Nursing, 1994).

[83] Mrs. D. K. Faris, "Pollyanna," *Honan Messenger*, XIII (6): UCCVUA 83.058C Box 57 File 16 Series 3.

[84] Letters from Dorothy Lochead MacKenzie to her mother, 14 January 1948 to 14 February 1949. Norman MacKenzie Papers. UCCVUA 89.155.

[85] Louise MacKenzie McLean, telephone interview with author.

[86] McLean, interview. See also McCasland, *Pure Gold*.

[87] Margaret Gay spent ten years away from Honan, from 1922 – 1931, during which she took nurses training (from 1923 to 1926).

[88] "Evangelistic Committee Report," *Honan Messenger*, VIII (3): UCCVUA BV 3420.H6hmps.

[89] Dr. W. R. Reeds, "The Crisis in China," *Honan Messenger* XIII (5): UCCVUA BV 3420 H6hmps.

[90] M. Shipley, "Dr. Jean Isabel Dow," *Honan Messenger* XIII (4): UCCVUA 83.058C Box 57 File 16 Series 3.

[91] Preston, *Flowers*, 35.

[92] Brown, *History of NCM*, LXXV: 7.

[93] Preston, *Flowers*, 36-7.

[94] Preston, *Flowers*, 37; Brown, *History of NCM*, LXXV: 8. Brown recalled four cottages.

[95] Austin, "Saving China," 219 – 220.

CHAPTER 4

FROM 1928 TO THE 1937 JAPANESE INVASION: GOLDEN YEARS

The City and Country need the help of many graduate nurses
and we hope it is just the beginning.

- L. Clara Preston, 1936 [1]

Winds of War

The Nationalist Army reached North Honan while the exiled missionaries waited at Tientsin. In August 1927, the army began its occupation of Changte, Weihwei and Hwaiking. They looted homes, schools and hospitals at every Canadian mission station except Wuan. Although Tientsin had seemed a safe haven for exile, there was growing concern that it might also come under attack. Thus, all the missionaries due furlough within the next two years were ordered back to Canada. Clara Preston returned to Montreal where she took nursing courses at McGill University. Some missionaries who remained in China also took further education: Dr. R.G. Struthers and Dr. Reeds took post-graduate courses at Peking. Others were allocated for work at mission sites in Manchuria, Shanghai, Japan, and Formosa. Janet Brydon was among those who went to Manchuria to work with the American Presbyterian mission. A small Canadian contingent remained in Tientsin, including the Forbes, Boyds, Griffiths and Grants.[2]

In May 1928, Coral Brodie was "temporarily" sent to the Shantung Christian University Hospital at Tsinan. Her appointment at "Cheeloo" was supposed to last only until her services were again required in Honan, but she remained there for eleven years.[3] A cordial, interdependent relationship between Cheeloo and the Honan Mission (now called the "North China Mission") had begun a few years earlier, when the Canadian missionaries chose Cheeloo over the PUMC as the University with which their medical work would be affiliated [See Figure 4.1]. Other North China Mission (NCM) missionaries had already moved to Cheeloo to work on the hospital staff, including Dr. Ernest B. and Margaret Struthers, and Bob McClure's parents, Dr.

William and Margaret McClure [See Figure 4.2]. The relationship between the NCM and Cheeloo would continue throughout the duration of the Missionary Era.

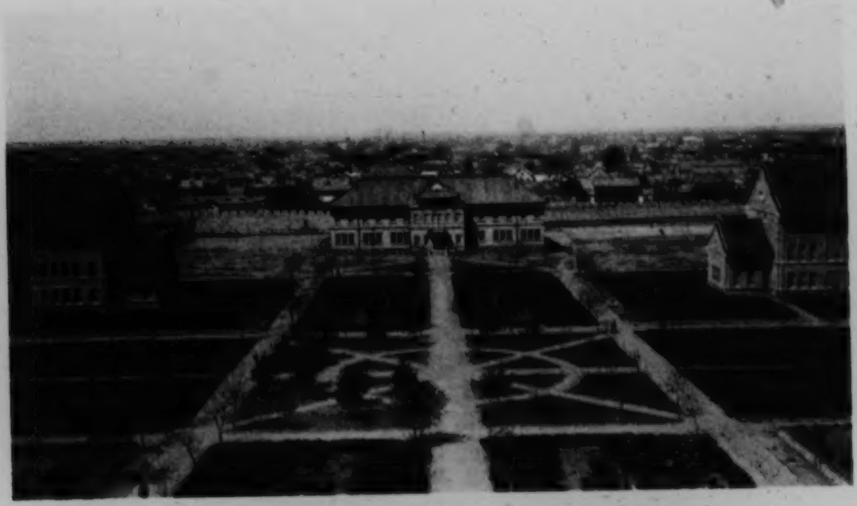


Figure 4.1: Cheeloo University Campus
Private collection, courtesy Dr. Mary Struthers McKim

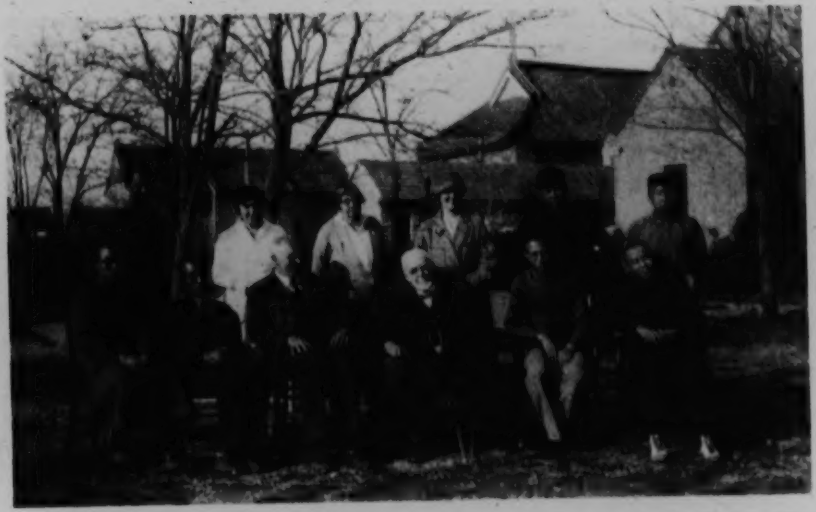


Figure 4.2: Canadian Group at Tsinan (Cheeloo)
Including Coral Brodie, Dr. & Mrs Mitchell, Dr. William McClure, Margaret Struthers
Private collection, courtesy Dr. Mary Struthers McKim

When Brodie arrived, Tsinan was a battleground. The Nationalist army from the south had ousted northern Chinese soldiers from Tsinan on May Day. The Nationalist troops were not the only army occupying Tsinan. Japanese troops had also arrived from Japan, ostensibly to protect the interests of Japanese civilians living in Shantung. Fighting broke out between the Japanese and the Nationalists. It was not until 1929 that the Nationalists gained control of Shantung province.[4] The hostilities at Tsinan in 1928 foreshadowed the coming Sino-Japanese war (1937-1945). Throughout the troubles in 1928, the Cheeloo University Hospital stayed open; it was filled to overflowing with wounded civilians and soldiers. It was no small feat for the University hospital to continue treating patients, considering the very real threat posed by the Japanese to patients and staff alike in 1928. NCM missionaries were exposed to the horror of war crimes at Tsinan. On or around 11 May 1928, shortly after Brodie arrived at Cheeloo, Dr. E.B. Struthers was asked by the Swastika Society (the Chinese Red Cross) to investigate and report a gruesome incident at a Chinese military hospital. His findings were ghastly:

> We found that in the operating room and on all the wards everyone in bed or running around had been bayoneted, usually in the chest. We counted 115 corpses including a priest who had crawled under the table. There was also a patient who had climbed into a boat [?] thinking he might escape being seen. The raid, said to be in revenge [to the Chinese] for fighting against the Japanese, took place at about 6:00 a.m. when some of the patients had begun to prepare breakfast. Nearly all were done in as they lay in bed.[5]

Dr. Struthers shocking report is corroborated by a letter written on 29 May 1928 and circulated to "a list of friends," in which a certain W.B. Djang from the Shantung University in Tsinan recorded what he saw "with my own eyes" of Japanese atrocities on and around the campus. Djang wrote of the indiscriminate shooting of Chinese refugees by Japanese hiding in the southwest corner of the Cheeloo campus, the robbing and looting of Chinese staff homes on campus, and the murder of wounded soldiers:

> In the West suburb there is a public hospital in which there were about 70 wounded soldiers under medical care. Early in the morning on May 11, a band of Japanese soldiers broke into it from a neighboring house and murdered all the patients in their sick beds and all those who waited on them. The people living in the immediate neighborhood were attacked and 57 of them also killed by the Japanese with bayonets.

> Of these were two Taoist priests whose temple was nearby, and one Christian old gentleman . . . I saw some of these victims with my own eyes when the Red Swasticus [*sic*] were carrying the dead bodies out for burial.[6]

What makes this incident particularly poignant is that it occurred three years before the Japanese invaded Manchuria in 1931, and almost ten years before the Japanese began their violent invasion of the rest of China in 1937. Yet, the international community turned a blind eye: Dr. Struthers wrote up the incident, but was unable to find anyone willing to bring it to the attention of the League of Nations. W.B. Djang similarly attempted to get the attention of the international community. At the same time, Djang expressed doubt that the "truth" of the incident would be publicized. He outlined eyewitness accounts during the Nationalist takeover of Tsinan, and the apparent overreaction of the Japanese (e.g.: "It is hard to believe the [*sic*] for the protection of 2000 nationals Japan would send 12000 to this city and 28000 to this province"). He also stated that he believed the international media would turn the incident around to appear that the Japanese were defending themselves against Chinese aggression. His prediction that "the Japanese would have undoubtedly broadcasted [Chinese defense] as signs and proofs of the anti-foreignism of the Chinese" foreshadowed claims made by NCM missionaries ten years later that the Anti-Foreign Movement of 1939 was actually instigated by the Japanese. Djang was infuriated at the Japanese. He was also frustrated by the indifference of the international community to events in China, and their willingness to uncritically accept the Japanese version of events:

> Yes, the truth will no doubt triumph when, after two or three hundred years, some unbiased Oxford or Harvard professor of history endeavors to sift the gold out for the dross . . . The policy of China is still one of peaceful negotiation and non-resistance, although many people are getting tired of it and would like risk rather than roast . . . many are wavering between Maccabeanism and Christianity. The contest between the Gospel and the Gun almost exhausts the patriotic Christian.[7]

Brodie was at Cheeloo at the time of the murder of Chinese patients at the public hospital. Many years later, Brodie told her family of a deeply disturbing incident whereby the Japanese bayoneted all the patients under her care – she was likely referring to the event described by Struthers and Djang. Although Brodie did not work at the public hospital where the murders took place, and although it is doubtful that she was an eyewitness to the massacre, she was profoundly disturbed by the incident. This (and possibly other) acts of Japanese aggression left a deep and lasting impression on Brodie, who subsequently "had no good thing to say" about the Japanese.[8] Coral Brodie remained at Cheeloo for the rest of her China career, until 1939.

Vandalism and Looting at the NCM at Honan

In early 1928, representatives from the NCM who were still in exile at Tientsin decided to tour Honan to see what kind of damage had been done to the mission stations during the Nationalist takeover. At Changte, they were refused entrance to either the Hospital Compound or the Eastern Compound; the Nationalist 30th Army occupied both [See Figure 4.3]. When they were later granted permission to inspect the compounds, the NCM cadre found:

> All houses had been looted, from cellar to attic, of clothing, beds, bedding, sewing machines, dishes, cutlery, bicycles, in fact of everything the soldiers fancied. Heavy furniture had been stripped of drawers and mirrors and badly damaged. Pianos and heavy organs had been maliciously smashed to fragments with hammers . . . Furnaces, pipes and glass windows were destroyed. Doors and shutters were torn off and burned as fuel. The Foreign cemetery had been desecrated and the basements of hospitals and house used for latrines.[9]

Figure 4.3: Changte Women's Hospital Occupied by Soldiers, March 1930
UCCVUA 1999-001P-1668

The NCM inspectors found a similar situation at Weihwei. Of the eleven missionary houses, one had been burned with all its contents and the others looted of everything. The missionary children's boarding school had been burned to the ground. And, the new Weihwei Hospital had been completely looted, with windows and furnaces smashed. At Hwaiking, the compound had been raided six times, but it was not as badly damaged as the other stations. There were personal losses from the homes, and the Hwaiking hospital lost most of its equipment, bedding and mattresses. Altogether the damage to the mission stations was estimated at $121,600.00 (Canadian currency).[10]

The damage could have been worse. At Weihwei, a Chinese caretaker managed to hide 85 of the 120 hospital beds, as well as two sterilizers and the "balopitcon."[11] Still, reparative expenses were daunting – particularly in light of unfavorable exchange rates with Canadian currency.[12] The missionaries were later asked to write up lists of their personal losses so that they could seek reparations from Chinese authorities. Submissions by nurses Ratcliffe, Brodie, Preston, McIntosh, and Mitchell came to $1408.50 (Canadian currency).[13]

At the time that the NCM was trying to find funds to help repair their damaged property, Canada was entering a severe economic depression. As a result, the United Church in Canada found its income seriously reduced; the church had to take drastic measures to try to make ends meet. By 1932 missionary salaries had been cut by fifteen per cent, and travel to and from Canada was reduced. Furloughs were postponed and children under fourteen years old were not allowed to return to China at the mission expense. All China boat and train travel was to be done by cabin class or tourist class.[14] The Chinese sympathized with Canada's financial concerns. News of grave economic conditions on Canadian farms stirred Chinese generosity: Out of their meager incomes, Honan Christians collected $149.81 (Chinese currency) for "our fellow Christians suffering famine" in Saskatchewan.[15] Canada had supported famine relief efforts in Northern China in the past and, to the NCM missionaries, this act of reciprocal giving signified China's understanding of the spirit behind Canadian humanitarian efforts in Honan.

Funding would continue to be problematic through the Canadian Depression years. The NCM missionaries agreed to reduce their hospital budgets, and to charge patients for services. While some of the missionaries reconciled charging patients as a prelude to Chinese self-sufficiency, others worried that some patients would not receive the care they needed if charged. The Mission Secretary, W. Harvey Grant, urged the Canadian home board to find ways to support charitable work since "until now we have been able to say that no person needing the help of the Christian hospital has been turned away from our doors simply because he or she could not pay for treatment."[16] It was important to the Canadians that they be able to treat impoverished patients:

> A few days ago, three Kala Azar cases came into the clinic, one was able to pay for his treatment, the other two could only produce one or two dollars for a course of ten treatments for which the cost of medicine was fifteen dollars . . . one of them had come over ninety miles [for treatment] . . . Almost daily, cased of ill-nourished under-fed children are seen for whom a little cod-liver oil to supplement their poor food is a necessity, but the cost of a bottle would be more than the father of the family could earn in a week.[17]

The NCM would never enjoy the same level of financial giving that they had experienced in the years immediately following the Boxer Uprising. Despite diminishing financial support from the home church in Canada, however, the North China Mission proceeded with plans for medical and nursing expansion. The NCM would soon be supporting two modern hospitals and nurses' training schools (Weihwei and Changte) as well as new Chinese medical staff (three doctors and five graduate nurses) – in addition to their regular missionary staff. The missionaries continued to seek creative ways to keep costs down but, ironically, it was diminishing evangelistic costs that helped to offset the growing medical costs. That is, between 1923 and 1933, the NCM had lost a sum total of eleven missionaries – ten of whom were evangelical workers. Thus, in a very tangible sense, the NCM was becoming "less an evangelistic mission" than a medical one.[18]

Reopening the Hospitals

By the fall of 1928, the situation at Honan was settled enough for the missionaries to return. Finding the hospitals in "shocking condition," the medical and nursing staff opened up clinics at Weihwei and Hwaiking while the rehabilitation of the Weihwei Hospital got underway. Repair of the Changte hospitals was put on hold because there were no physicians available: Dr. Netterfield had resigned and Dr. McTavish was temporarily in Canada for family reasons. Clara Preston was still on furlough.[19] The mission at Hwaiking was also short staffed, with Dr. Bob McClure and Dr. Robert Reeds still away. Dr. Gordon Struthers's imminent furlough meant that, not only were plans for the new Menzies Memorial Hospital delayed, there was talk of closing the existing Hwaiking hospital, too. Thus, between 1928 and 1931, most of the mission resources went to restoring the medical work at Weihwei. Much to the relief of the cash-strapped mission, a doctor and nurse from Canada volunteered to work at Weihwei for two years without salary: Dr. MacKinlay performing tonsil, appendix and gall bladder surgery while Mrs. MacKinlay, a graduate nurse, assisted him in the operating room.[20]

By 1931 Hwaiking and Changte were ready to reestablish nursing services. The NCM forwarded a request to the United Church Woman's Missionary Society (WMS) in Canada for Clara Preston's return – if not permanently, at least for a period of two to three years so that Janet Brydon could go on furlough.[21] Preston had been working in a London hospital in Canada, and was eager to return to Changte to help in the rehabilitation of the hospital. Meanwhile, the NCM requested an additional two nurses, preferably one with graduate education in Public Health. Allegra Doyle and Georgina Menzies responded to the call for nurses. Both were recently graduated nurses, and were accepted despite the fact that neither had extra Public Health education. Georgina was a mishkid, born to Dr. James R. and Davina Menzies in 1906, and a sister to former Honan nurse Jean (Menzies) Stockley. Georgina Menzies and Allegra Doyle graduated together from the Toronto General Hospital Training School for Nurses in 1929.[22] They traveled to China with another recently graduated Canadian nurse: Forty-five year old Margaret Gay was returning to Honan after an absence of almost ten years.[23]

Margaret Gay: Planting a Bit of VGH in the Orient

Margaret Russell Gay was born at Toronto in 1886. She was appointed to Honan as an evangelistic worker in 1910, but after seeing the health needs of the rural communities where she worked, desired to learn "a little of how to take care of sick people, even very simple procedures that I might learn in about three months time in a hospital somewhere."[24] Gay decided to look into possibilities when in Canada on furlough in 1922, realizing that her prospects for education were slim since most nursing programs would not accept a thirty-six year old probationer. While in Vancouver, Gay asked her friend Mrs. J.S. Gordon, if she knew of anyone who might be able to tour her around the Vancouver General Hospital (VGH) so that "I would be able to judge similar institutions by comparing them with the Vancouver General which I know was one of the best in Canada." Mrs. Gordon "did not even wait to finish the meal, but rose at once and went into the library to phone Marion Fisher" who was just completing a five year B.Sc. degree in nursing at the University of British Columbia (associated with the VGH).

Marion Fisher – who later married Rev. Don K. Faris with whom she went as a missionary to Honan in 1925 – showed Margaret around the VGH. After insisting that Gay meet the nursing superintendent Miss Ellis, Fisher told the latter of Gay's desire to learn "a little about the care of the sick." Much to Gay's surprise, Miss Ellis asked if she would like to study for a few months alongside the young VGH probationers. "You could stay longer," Miss Ellis said, "or drop out at any time." Margaret Gay entered nurses training at the VGH on 16 July 1923.

Neither Miss Ellis nor Miss Gay envisioned how successful Gay would be at her nursing studies. Both had been concerned that Gay might not be able to handle the workload since she had "a severe nervous breakdown in China."[25] As it was, Gay "missed not one day" of the three year program. Not only did she become a registered graduate nurse (R.N.), she also graduated at the top of the class, with a 90.2% grade point average for twenty-six examinations.[26] In her final R.N. exams, Gay was ranked as number five out of 135 students and, at her graduation Gay was awarded both a VGH nursing pin, and the VGH Cottrell Dietetic Prize [See Figure 4.4 & 4.5].[27]

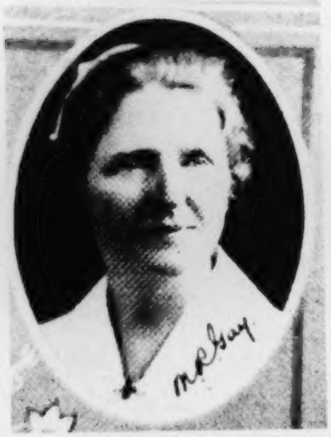


Figure 4.4: Margaret R. Gay, Signed VGH 1926 Yearbook Photo
Private collection, courtesy Muriel Gay and Irene Pooley

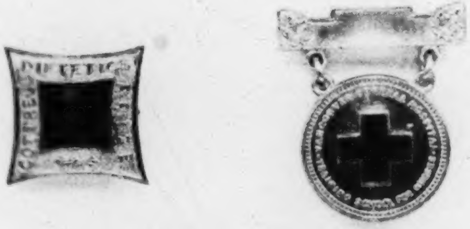


Figure 4.5: Margaret R. Gay VGH Nursing Pins
Private collection, courtesy Muriel Gay and Irene Pooley

As a student, Margaret Gay showed her capabilities as a writer in a humorous article entitled "Scrubs," published in the 1926 VGH yearbook. In it Gay described the journey from probationer to graduation, emphasizing the centrality of cleanliness and hygiene in nursing practice. In the days before antibiotics, the 'gospel of soap and water' was the most vital aspect of nursing care – a gospel that Gay and the other Canadian nurses brought with them to China. Excerpts from Margaret Gay's composition read,

> For scrub we must – the ward must shine –

Beds must be white, and all in a line;
In service room too, we must scrub away,

Till instruments are all in bright array . . .

There's another sink in the big O.R.,
Where gloves and masks and needles far
Beyond all count do accumulate;
For something to clean you need never wait . . .

You soon will find that the nurse who can clean
Is the one whose days are most serene.
For all must be spotless in that place
Where life and death may be running a race . . .

The more germs scrubbed and boiled away
The better the chances, so they say,
For wounds to heal in the long, hard fight
To bring back health. Can it be right

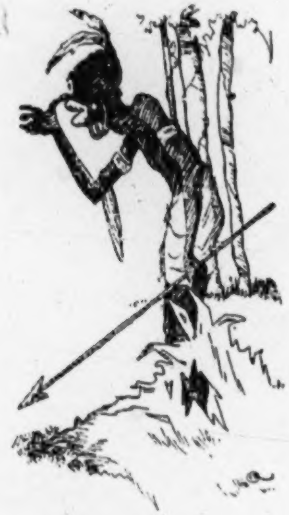
To do less than our best in so great a task? . . . [28]

During her three years as a nursing student, Margaret Gay held onto her dream of returning to China. Her classmates described Gay as one of the "brilliant ones of the year" whose "aspirations circle around China and its missions." Her ambition? "To plant a bit of VGH in the Orient."[29] But Gay's years at the VGH were not without difficulty. One incident in particular tested – and proved – Gay's resolve.

While the VGH nursing students were in the lecture hall awaiting their guest speaker one evening, a tragedy was unfolding on the "foreign ward," a men's ward occupied by Chinese, Hindu, Mexican and Japanese patients. A disgruntled patient had discharged himself earlier in the day after becoming annoyed at nurse for giving him what he thought was the wrong pill. He made good his threat to return, somehow managing to get on the ward during evening visiting hours. As the ex-patient sat visiting with his former roommates, Anne Roedde, a second year student nurse, passed by with a tray of medicine. The man jumped up behind Roedde and slit her throat with a razor blade, killing her in front of the other patients. Upon hearing of the trauma, Margaret Gay's thoughts turned to the "little fair haired girl [who was asked to] take over the care of that ward for the remainder of the evening." Gay offered to take over night duty from the young nursing student, because:

> I was accustomed to Orientals and to the dreadful things that used to happen out in China, bandit raids, etc., and was glad to be able to help. When I went up to the ward and hung my [nursing] cape on the back of the office door, the [frightened] little fair haired nurse threw her arms around me and said, "You Angel."[30]

Nursing could be a dangerous profession for young women. Clara Preston had once been punched in the jaw by a male patient in Honan.[31] In Canada, "foreign" (i.e.: non-white) male patients were considered to be particularly threatening. In an era of Social Darwinism in Canada, where the white race was thought to be at the apex of the evolutionary scale, "foreigners" could be portrayed as subhuman, or simply ridiculous. Racist humor was common, even among nurses, as a cartoon from Gay's 1926 yearbook exemplifies [See Figure 4.6]. If working among foreigners was both risky and frightening, missionary nursing was downright dangerous. While her classmates may have viewed Gay as courageous for going to China, Gay viewed nursing as a profession requiring courage, whether at home or abroad. While Gay did not expect all nurses to be capable of withstanding potentially dangerous situations, she did expect it of herself.



Dark Meat
With a Little Sauce

Figure 4.6: Cartoon from 1926 VGH Yearbook
Private collection, courtesy Muriel Gay and Irene Pooley

After nursing her aging father in Toronto, Margaret Gay was ready to return to China, in 1931. She was appointed to the Weihwei Hospital, where she worked alongside Jeannette Ratcliffe, Isabel Leslie, Dr. Gordon Struthers, and Dr. Margaret Forester. Here Margaret Gay's roots as an evangelistic worker came to the fore: She did Bible teaching on the men's wards each morning from seven to seven thirty, taking "great satisfaction and pleasure to be able to combine the nursing with definite evangelistic teaching during the ten years of my stay."[32] Gay's emphasis on direct expression of her faith to Chinese patients contrasted with other NCM nurses, who tended to express their Christian beliefs directly to fellow Christians (e.g.: Chinese colleagues and students), but *indirectly* to patients (e.g.: through compassionate service, and through supporting the direct evangelistic efforts of others). To Margaret Gay, however, direct evangelism was precisely what differentiated "missionary nursing" from other forms of nursing practice.

Communication Breakdown

Although the NCM formally expressed delight at the arrival of Margaret Gay in Honan in 1931, her arrival had actually come as a surprise. There had been a communication error, and instead of three newly-arrived nurses (Preston, Doyle, and Menzies), the NCM suddenly found itself with four. The NCM had originally requested the return of Clara Preston, plus two others. Somewhere along the way, "information was received by some individuals that Miss Preston was not coming" so Margaret Gay was appointed in her place.[33] The NCM Mission Secretary in Honan was irritated by the miscommunication:

> It would help considerably if the Mission Secretary could know in advance who will be arriving from Canada, just as I'm sure you would like to know who are returning to Canada before they reach there. It may be, of course, that your letter got lost in the mail.[34]

Indeed, the letter *could* have been lost in the mail. Delays in the mail frequently frustrated communication between mission headquarters in Canada and the NCM in China. Although Honan now had a post office, mail was reliant on railway service; disrupted train schedules meant delayed mail delivery. It could take weeks, and even months, for letters to make the passage between Canada and China. In order to prevent miscommunications, staff would often send brief cablegrams notifying the recipient that a letter was on the way. Cablegrams were also used to send time-sensitive messages, including the arrival and departure dates of traveling missionaries.[35] For mission administrators on both sides of the Pacific, organizing and keeping track of Canadian personnel was a logistical nightmare; mistakes were inevitable.

The confusion over Margaret Gay's appointment can be traced through a series of letters sent back and forth across the Pacific between March and July of 1931. On March 27 the WMS in Toronto wrote the NCM in Honan of the appointment of Preston, Doyle and Menzies. On March 28, Dr. Bob McClure wrote to Honan of his planned sailing date for his return to China with Menzies, and *possibly* Preston. On April 27, the NCM in Honan acknowledged the appointments of Doyle and Menzies, noting that Preston's appointment was tentative. Finally, on July 20 Dr. Grant wrote Mrs. Jeannette Ratcliffe that Preston had decided to stay in Canada. According to these letters, it should have been a surprise that *Preston* – not Gay – had returned to China. Apparently Preston's mother opposed her return to China. As Dr. Grant wrote,

> Miss Preston agreed to go to Honan in opposition to her mother's wish because she felt the need in Honan sufficiently great to justify her doing so. Now that Miss Gay is available [Preston] does not feel that the need is great enough to justify her disregarding her mother's wish.[36]

It is not clear why Preston changed her mind and decided to return to China despite her mother's opposition, and in light of Gay's appointment. It is possible that Mrs. Ratcliffe urged Preston to return after reading Dr. Grant's comment: "I hope you will be rightly guided. I have no doubt that Miss Preston will respond to the Council's call to an *imperative* need [emphasis in original]." When *both* Preston and Gay arrived with Doyle and Menzies at Honan in 1931, the NCM had little choice but to make them feel welcome, and to find a suitable placement for each.

Restoring the Hospitals

After the arrival of Clara Preston, Margaret Gay, Allegra Doyle and Georgina Menzies, nursing at North Honan began to advance toward what became its golden period, from 1931 to 1937. Gay headed to Weihwei, Menzies to Hwaiking, and Preston and Doyle to Changte.[37] At Changte Preston found herself back at the old hospital buildings in the Eastern Compound (now called "East Compound"). Reconstruction of the damaged new hospitals was underway at the Hospital Compound (now called "West Compound"). Where to start? According to Preston, with sewing.[38] Dr. McTavish bought a sewing machine, and a couple of Chinese women set to work sewing. Before long, "sheets, towels, surgical linen, operating room gowns, etc. were soon being folded away in boxes ready for use as soon as we could start [at the restored hospital]" (p. 73). Then, furniture, doors, windows, cupboards and floors were made and repaired. Hospital bed frames were brought by boat from Tientsin and painted at Changte; mattresses were made at the mission, as were bedside tables, stools, desks and cupboards. Finally, the Changte hospitals were equipped with "a fine linen room, a good bathroom, a diet kitchen, a surgical dressing room and convenient nurses' office, fine verandahs, adequate flush toilets and large light wards." When the reconstruction was almost complete, Clara Preston became the Nursing Supervisor of the restored Women's Hospital, and Allegra Doyle took charge of its operating room.

A Chinese nurse (likely Mrs. Tuan) became the Nursing Supervisor of the restored Men's Hospital [See Figure 4.7].[39] Staffing of the hospital was problematic: There were neither male nor female nurses available. Preston and Doyle were already occupied and "our girl nurses had all they could do to look after the women and children's ward."[40] Even if the female nurses had been available, it would not have been culturally appropriate for females to provide direct nursing care for male patients since "the community is hardly ready for girl nurses in the men's ward" (pp. 73-4). Thus, when three boys with no experience applied for the positions, they were hired. Although much of the hospital damage had been repaired by the time nursing services resumed in 1932, it would be another year before electricity and running water were restored. In the meantime, Preston and Doyle worked around the "fear of fire from upsetting lamps, and the inconvenience of running a laundry, and ward especially, where all the water had to be carried" (p. 73). Slowly, however, the efforts of both Chinese and Canadian staff began to pay off. Changte soon had a good laboratory, trained technicians, experienced dispensers, and X-ray plant, and even telephone service. The number of staff grew to fifty.

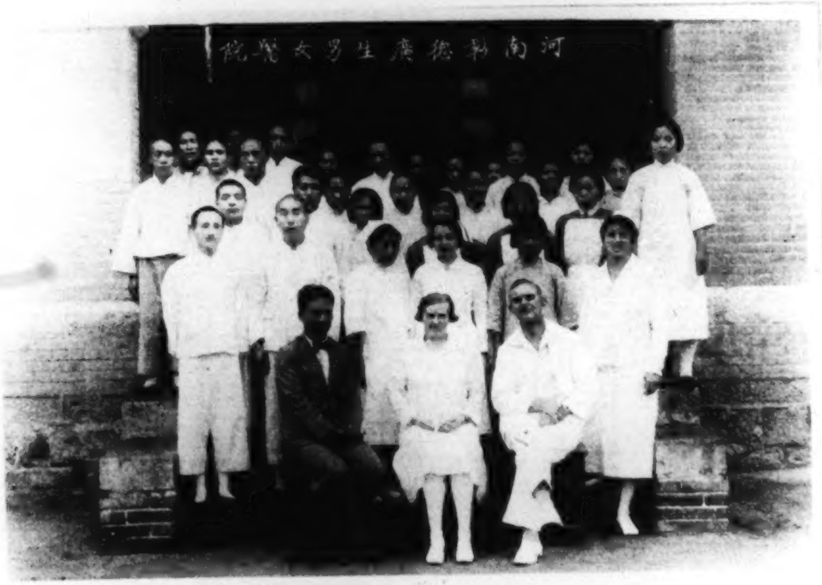

河南彰德廣生男女醫院

Figure 4.6: Staff at Changte
Front, L to R: Dr. Tuan, Dr. McTavish, Dr. Reeds
Second Row: Mrs. Tuan [?], Allegra Doyle, unknown, Clara Preston
UCCVUA 1999.001P-659

Like Changte, Weihwei was quickly modernizing. Weihwei staff believed that their mission was to make the very best modern hospital facilities available to the Chinese public. By 1934 the NCM could proudly claim their status as medical forerunners in North Honan: Theirs were the "only hospitals with nursing care" and,

> Every [NCM] hospital [has] a well-equipped laboratory, a qualified dispenser and an X-ray plant . . . Our hospitals are open 24 hours a day every day of the year. We are proud that our community expects from us this kind of service, which others as yet cannot supply . . . [the Chinese public] are now turning to us for assistance [with] midwifery problems – infant mortality problems – infectious diseases problems, venereal problems – opium addiction problems – all of these are brought to us for our help, and we cannot but respond to the appeal.[41]

Excitement and Innovation

As delighted as the missionaries were with the reestablishment of modern medical services, some were concerned with the fact that many medical needs in the rural villages were not being addressed by the hospitals. Patients had to travel twenty or more miles by farm cart over bad roads to reach the hospitals. Not surprisingly, many Chinese patients preferred to access their local practitioners of Chinese medicine. This disturbed many of the Canadians, who dismissed the work of Chinese doctors as "quackery." For example, in a circular letter from Weihwei on 23 November 1932, Norman and Violet Knight wrote,

> Superstition still grips the Chinese to a very large extent, so one can sympathize when they turn to quackery instead of giving us a decent chance . . . A woman came to us thinking she was suffering from a "big internal water bag." She had visited a quack who had tapped her for water, but without success, and as a 'face-saving device' suggested she visit our institution [at Weihwei]. This was the first time she had seen a foreign doctor, who, instead of operating for an ovarian cyst, helped her to give birth to triplets . . . the parents were greatly surprised.[42]

Such "superior diagnostic ability" of Canadian doctors may have supported some missionary's belief that western medicine should replace Chinese medicine altogether. Ironically, while the Knights described the diagnosis of triplets as a medical success story, all three infants, in fact, died within two days of birth – an outcome no better than what might have been expected without medical intervention.

Dr. Bob McClure seized the opportunity to assist – rather than oppose – the Chinese men he came to affectionately refer to as "my quacks." McClure was sympathetic to patients who "bumped over twenty miles in a springless car to find that all he needed was Epsom's Salts or Santonine [treatment for roundworm].[43] He also sympathized with the desire of Chinese men, who worked years assisting others in hospitals, to work independently. In response, McClure established an innovative and impressive system to network traditional Chinese practitioners, western-trained Chinese practitioners, and the NCM Hwaiking Hospital: The Hwaiking System of Rural Clinics. Here, western-trained practitioners (all Christian men) would work in small, rural Branch Hospitals associated with the Hwaiking hospital. These practitioners would either be fully medical graduates from recognized medical schools, or men who had taken a six-year NCM course as "dressers." They would refer to the larger Hwaiking hospital, but also work in association with traditionally trained Chinese practitioners at private hospitals and clinics. As such, the Hwaiking practitioners were middlemen in a new and integrated medical hierarchy – responsible to the Hwaiking hospital, responsible for their own patients, and responsive to the desires and needs of neighboring traditional Chinese practitioners. McClure's system of "barefoot doctors" was one example of his unique, pioneering work. It reflected his singular energy, commitment and creativity.[44]

The rate of progress of programs and services accelerated beyond the best expectations of the NCM. At Changte, Clara Preston was overjoyed with the expanding work, but had dreams of her own:

> We still keep dreaming on and in our dreams we see – electrical laundry equipment – a trained dietician – a Physiotherapy Dept. – Well Baby Clinics – rural reconstruction work – Social Service and Public Health Workers and evangelists and our own graduate nurses and staff filled with that Abundant Life to give Christlike Service and leadership.[45]

Preston also dreamed about a nursing school at Changte. Nothing seemed impossible. The Nationalist government was supporting the advance of medical work by assisting colleges and hospitals with annual grants for upkeep. To keep up with the changing regulations, Chinese and Canadian doctors were in the process of registering with the Nationalist government at Nanking – as were the Weihwei and Changte hospitals, and the Weihwei Nurses Training School. As the NCM nurses sought wider cooperation with others in their profession, they organized the first Nurses Association of China (NAC) District Auxiliary.[46]

The First NAC District Auxiliary

In 1934 Chinese, American and Canadian nurses from five [unnamed] hospitals met together at Weihwei for the first time as the first NAC District Auxiliary. Twenty-four nurses from two provinces signed on as charter members. The NAC headquarters at Nanking informed the group that their auxiliary was the first group of its kind in China. [See Figure 4.7] The objectives of the organization were:

> To draw into helpful fellowship the nurses of this district; to improve the quality of our Nursing Service and Nursing Schools; to discover the best methods and do our part in meeting the opportunities of Public Health in this district.[47]

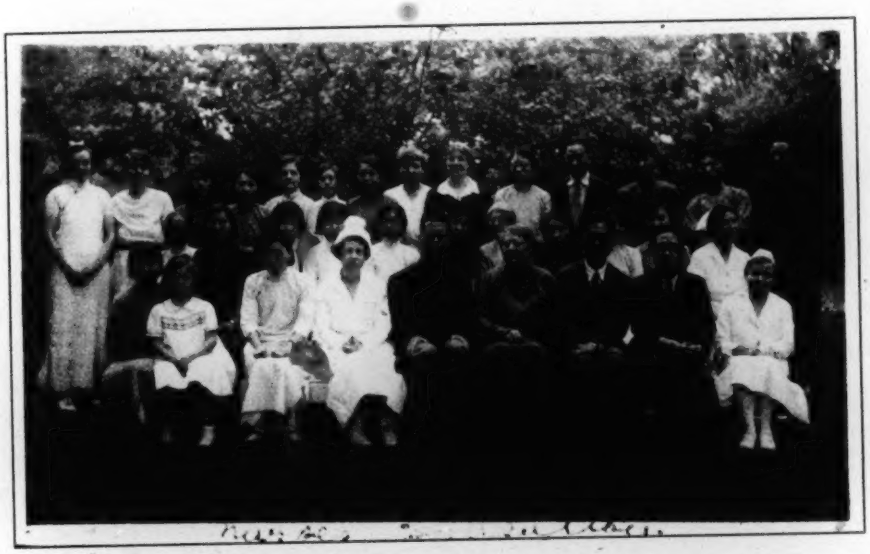


Figure 4.7: 1937 Meeting of the First District Auxiliary of the NAC
Includes Janet Brydon, Clara Preston (last row), Jeannette Ratcliffe (2nd row), and Anglican nurses Susie Kelsey and Mary Peters (front row).
UCCVUA 1999.001P-2367

The group of nurses expressed a desire to cooperate with the Nationalist government, who in turn welcomed mission cooperation. For its part, the central government had ambitious plans to coordinate medical services in China and was attempting to standardize hospitals and schools of nursing. The Weihwei training school for nurses actively sought registration. It was "admirably equipped for training nurses," not least of all because of the "phenomenal demand for modern medicine" in Honan.[48] As nursing on the national level became more organized, coordinated and centralized, nurses at the three NCM hospitals were looking for ways to organize, coordinate and centralize nursing at the local level in North Honan.

Treatment of Disease and the Kala Azar Success Story

In 1933 Margaret Gay wrote a letter to friends in Toronto, excerpts of which were published in the *Canadian Nurse* journal.[49] In it she described her life at the Weihwei Hospital, including the physical surroundings, types of patients, and the school for nurses. In 1933 only half of the main hospital was in use. Downstairs was a men's ward of twenty beds with verandah space for eight more; upstairs was a similar ward for women and maternity cases, plus a small nursery. "Had we sufficient staff," wrote Gay, "we would have the whole hospital open." In addition to the main hospital was the Outpatient department with hostels for accommodating up to a hundred "not very ill" patients. Those who required "real nursing" were accommodated in the main hospital building "no matter whether they can pay or not." For patients who could afford to pay, a "mastoid operation" cost $1.50 (Canadian currency), and an appendectomy, "twice that." The hospital cared for patients with a variety of conditions, including asthma, nephritis, pleurisy, gun shot wounds, tuberculosis, "intestinal cases," gastric ulcers, pneumonia, typhoid, and "accidents of all sorts." In addition to these diseases was the treatment of Kala Azar.

To Clara Preston, no group of patients was more interesting than "our children with Kala Azar."[50] Kala Azar was a systemic disease caused by a tiny protozoan, and transmitted by sandflies; parasites were most numerous in the spleen, liver and bone marrow. Patients had a dusky appearance, a protruding abdomen (enlarged spleen), an irregular fever, and anemia [See Figure 4.8]. Left untreated, 90% of Kala Azar patients died. Research on Kala Azar was being conducted in India and South America, and Dr. E.B. Struthers put the research to good use in Cheeloo after 1920. He began doing spleen punctures on suspected Kala Azar patients; the presence of Leishman-Donovan bodies on the microscopic smear would confirm the diagnosis. In cooperation with other doctors at Cheeloo, Struthers began to treat patients with a rather toxic drug – potassium antimony tartrate (tarter emetic). While successful 80% of the time, this treatment would take up to eight months. Kala Azar patients filled the wards at Honan, and the doctors used the diagnostic and treatment procedures recommended by Dr. E.B. Struthers [See Figure 4.9].[51] Clara Preston described the regimen given children at Changte:

> Three times a week they would line up to have their temperatures taken, then weighed and wait for the intravenous needle . . . One watched weekly miracles as you saw their colour improve, their legs fatten and their abdomen become more normal.[52]

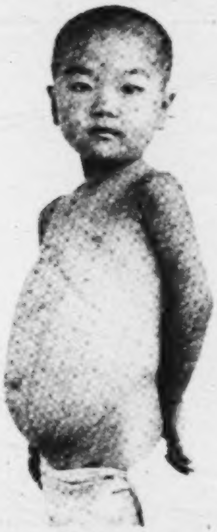


Figure 4.8: Child with Kala Azar
E.B. Struthers collection, courtesy Dr. Mary Struthers McKim

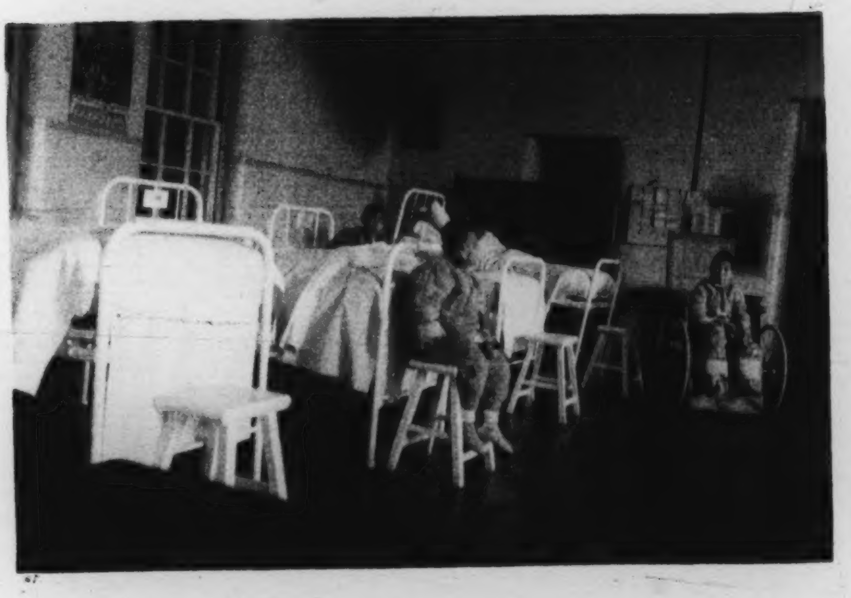


Figure 4.9: Convalescing Kala Azar Patients, Weihwei, 1939
UCCVUA 1999.001P/1939

To Preston, no group of patients were more grateful, and years afterward patients would come back to the hospital to express their appreciation [See Figure 4.10] Over time, new organic preparations of antimony were introduced, and Dr. Struthers tried out their effectiveness at Cheeloo. Eventually he found that a cure could be expected in 80 – 95% of the patients admitted, no matter how many years they had been ill. And, significantly, the span of treatment was reduced from eight months to three weeks.[53]

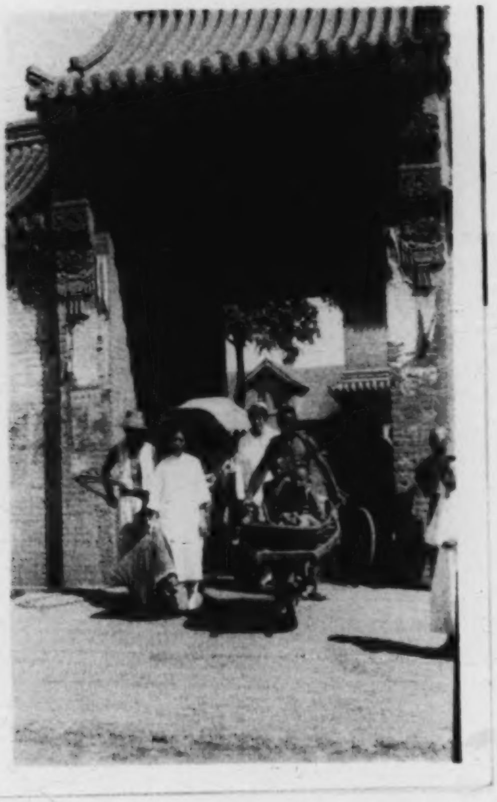


Figure 4.10: Clara Preston Escorting "Kala Azar Sufferers" to Gate, Changte
UCCVUA 1999.001P-1704

Margaret Gay was also pleased with the progress of modern medicine at the NCM. Patients and their Chinese friends were both curious and frightened by the strange surroundings and equipment at the modern Weihwei hospital where Gay worked. When patients were in surgery, friends waiting in the hall outside the operating room would try to peek through a crack to see what was going on [See Figure 4.11]. According to Gay, friends and patients would be,

> Impressed with all the whiteness of everything, and the number of people decked in gowns and masks and looking so queer . . . [Patients would] say nothing as they bend over for their spinal anaesthetic – we hardly use anything else – and they usually make no sound or fuss, just a tight clutch of the [nurse's] hand that is keeping tab on the pulse.[54]

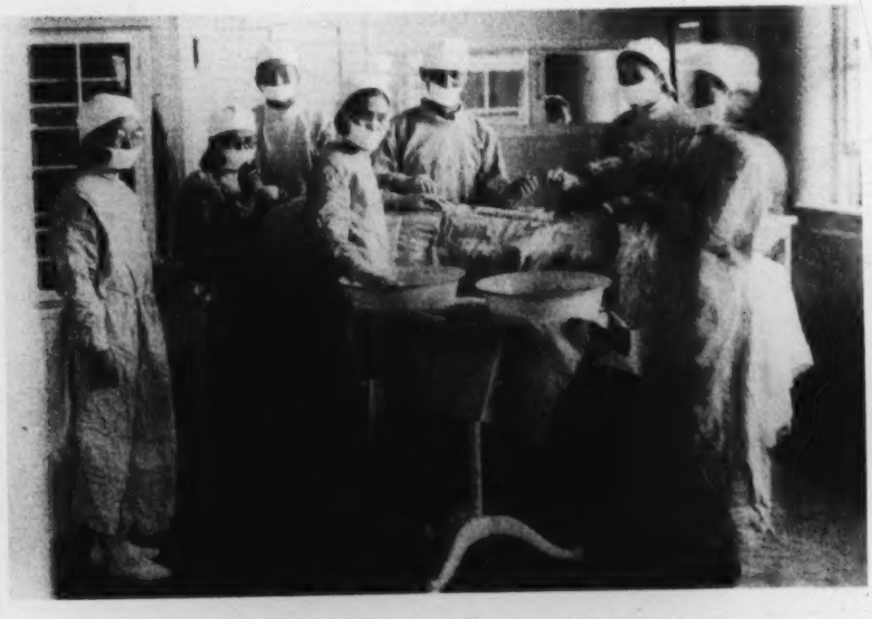


Figure 4.11: Operating Theatre at Weihwei
Private collection, courtesy Isabel Struthers Staal

The difficulty was not in persuading patients to come, but rather to leave after recovery: "The trouble," Gay quipped, "is they never want to go away, and we have to use all manner of persuasion sometimes to get our beds emptied for new patients clamouring to come in."[55]

At Weihwei, the rising demand for westernized medical care convinced the NCM to open new rooms to accommodate both male and female patients. In 1935, the hospital opened a separate children's ward, an extra men's ward, and a delivery room (to relieve pressure from the operating room). In turn, the larger number of patients meant more nursing staff was needed. Nurses at Changte and Hwaiking had already begun to contemplate the idea of starting their own nurse's training schools.[56]

Expanded Nurses Training

As early as 1931 nurses at Changte and Hwaiking discussed the possibility of opening new schools of nursing. The Hwaiking hospital was still not as modern as Changte and Weihwei, but it had grown, opening wards in the former NCM industrial school for post operative and "special investigation" patients. Dr. Bob McClure proposed a scheme whereby each mission station would have its own nurse's training school, but that the three schools would be linked together under one organizational umbrella. The NCM council approved the plan and requested that the NAC recognize the Changte and Hwaiking hospitals as affiliated with the Weihwei Hospital. The NAC did not endorse the idea. To the NAC, Hwaiking could not be qualified as a recognized nurses' training school because prospective nursing students did not have high school education (there was no high school in the region). However, the NAC did agree that students who trained in an *unrecognized* school (such as Hwaiking) could qualify for nurse's registration by taking two years in a recognized school (such as Weihwei). As a result, the NCM came up with a plan for nurses from Changte and Hwaiking to take their class instruction at Weihwei, followed by practical training back at their home site. In the fall of 1932, students from Hwaiking and Changte joined students at Weihwei for a six-month "central training course" under the leadership of Mrs. Jeannette Ratcliffe [See Figure 4.12].[57]

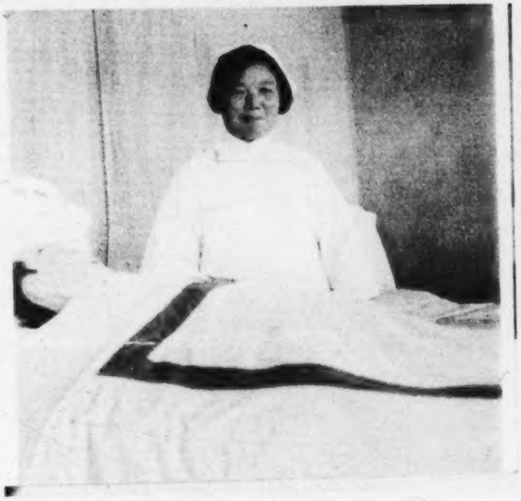


Figure 4.12: Miss Li and Classroom "Dummy," 1933
UCCVUA 1999.001p-1963N

Margaret Gay and Isabel Leslie were also involved with teaching at the Central Training School for Nurses at Weihwei [See Figure 4.13]. In 1933, they had fourteen students, including three from Changte. According to Leslie, the nursing course was similar to what could be found in Canada: Students would take daily classes, followed by putting "theory to practice on the wards"[58] Gay found the work interesting and pleasant "in spite of the fact that one often feels more inclined to do the work oneself than check others up in the doing of it."[59] Isabel Leslie, who was the Superintendent of Nurses when Jeannette Ratcliffe went on furlough in 1934, felt that the nursing work was "greatly hampered, particularly in interior China, because of the lack of higher education facilities for girls" but that, "we do manage to secure some amazingly capable girls who make excellent nurses."

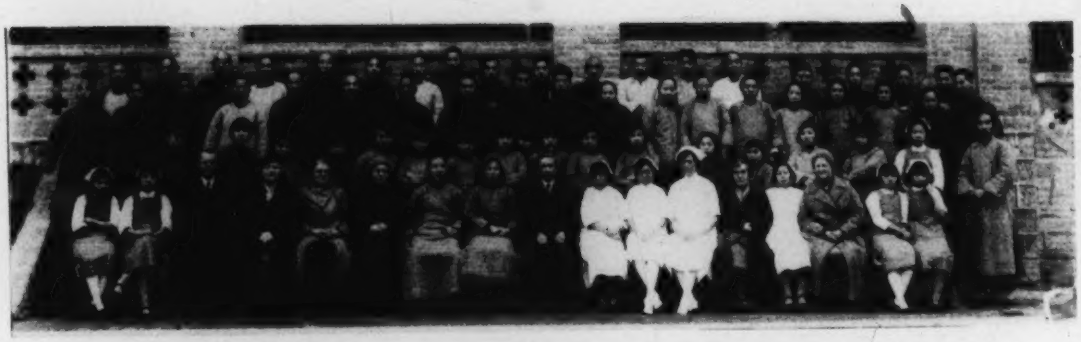


Figure 4.13: Hospital Staff at Weihwei, c.1935 – 37?
Front row, from center L to R: Dr. E.B. Struthers, Miss Li, ?, Miss Leslie, Dr. Forester,?, Miss Gay
Private collection, courtesy Muriel Gay and Irene Pooley

If Hwaiking was hindered by poorer hospital facilities and limited access to secondary education, it was also hampered by a shortage of missionary nurses: Margaret Mitchell left for furlough, and never came back; Georgina Menzies left for Changte to replace the recently engaged Allegra Doyle. Mitchell's departure in 1933 was meant to be temporary, but she had been in poor health during her last term of service. Before Mitchell left Honan for her home in Tarkeness, Scotland, Drs. McClure and Forester diagnosed her with an undisclosed illness. She resigned a year later, due to ongoing ill health.[60]

Despite the low staff numbers at Hwaiking, the year 1936 was one of "steady growth and progress in every way."[61] The gap created by the departure of nurses was filled by Janet Brydon, and Mrs. Maisie (McNeeley) Forbes, who worked part time. For her part, Mrs. Forbes,

> has come to the rescue and has made a very significant contribution to the care of many of the multitudinous details of running and operating a hospital. Her special work has been to give individual[s] help in their studies to the new members of our staff.[62]

Among these new members were a group of married women from the local Chinese congregation. These "sub-nurse standard" students were offered a year of training in the hospital wards and medical programs in order to do "health work" in their homes and communities (p. 3). Thus, although Hwaiking had neither a high school nor a recognized nursing school, creative ways were found to bring nursing knowledge into the community.

Nursing work expanded within the province of Honan, but it was also growing at the Shantung Christian University (Cheeloo) with which some NCM missionaries were affiliated.[63] In terms of educational opportunities, Cheeloo was miles ahead of Hwaiking. The Training School for Nurses had sixty-nine students in 1939, including twenty first-years students representing six provinces. Coral Brodie's work was almost entirely taken up with first-year students, on the wards and in the classroom. The curriculum had been recently expanded to incorporate a broader Public Health perspective: In addition to lectures in Public Health, students gained practical experience at an affiliated Rural Center, the Outpatient Department, a Mother's Club class, Well Baby Clinic, and Home visiting services. Like the NCM nurses in Honan, Brodie and the nurses in Shantung were keen to expand nursing's horizons.[64]

First Graduates of the Central Training School for Nurses

Clara Preston had been looking forward to the day when the Changte hospital would be staffed with local student and graduate nurses. Like the Canadian system on which it was based, the NCM hospital system relied on resident nursing students to carry on a major part of the patient care: students were an important part of the nursing staff. When the first three Changte students returned from their six months of classroom work at Weihwei in 1933, Preston was relieved to have their help as they took their practical training. She took maternalistic pride in their progress:

> How proud they are when they receive their caps and uniforms; how they enjoy the novelty of the ward work; they know the trials of night duty; the awe they feel when they see their first Obstetrical case; the thrill they get when they scrub for their first case in the operating room; and how important they felt on their first call out when they assist the doctor.[65]

Finally, in 1936, the first three Changte nurses successfully completed the four-year nursing program. At the graduation ceremonies, Miss Chao (one of the students) gave the valedictory address, while Miss Li (likely one of the original Weihwei instructors) gave a farewell message to the graduating class. The nurses were presented with diplomas from the North China Mission and the Nurses Association of China, and then enjoyed some refreshments and movies. For Preston, "This has been a dream for years and it hardly seems possible it had really and truly happened." [66] At the end of 1936, the Changte hospitals had five graduate nurses and sixteen nurses in training – both male and female.[67]

When Jeannette Ratcliffe returned from her furlough in 1936, she was delighted with the developments at Honan in her absence. However, she was wary of the direction nursing was taking nationwide. Before returning to her duties at Weihwei, Ratcliffe attended the biennial NAC meeting in Nanking – one of the "largest and most representative in the history of the association, Chinese delegates being greatly in the majority."[68] To Ratcliffe, the most important subject under discussion was the registration of the NCM central training school for nurses with the Ministry of Education. With other missionary nurses, Ratcliffe wondered whether registration would interfere with Christian work among patients and students. She also worried about a memorial service held in honor of Sun Yat-sen: "Is it . . . a service of worship [and therefore prohibitive for Christians], or is it simply a service of remembrance of those ideals through which China hopes to achieve unity and reconstruction?" Furthermore, Ratcliffe wondered whether the proposed curriculum for nursing schools, including public health nursing, sociology, civics and psychology, would be impossible to attain. State medicine was the aim of the Central Government, and missionary nurses were expected to keep in line with the aims and ideals of China as a whole. A somewhat disheartened Ratcliffe returned to Weihwei – but she was not discouraged for long. There, the spirit of unity and cooperation temporarily waylaid her concerns. Ratcliffe was impressed by the expansion of nursing work at Weihwei. Under the leadership of Margaret Gay, two new wards had been opened, four graduate students were doing routine supervision of the wards, and sixteen new students had been accepted for the upcoming nursing school term. Although she had the able assistance of Isabel Leslie and Mrs. Roulston, Margaret Gay held the ultimate responsibility for both the nursing school and nursing service. Even so, Gay was happy to hand administration duties back to Ratcliffe.[69]

Ward Rounds at Changte

Georgina Menzies had moved from Hwaiking to assist Preston at the Changte Women's Hospital. Menzies's report from 1936/ 37 provides a glimpse into daily life on a mission hospital ward.[70] In it, Menzies described seven patients who were hospitalized for long-term treatment of severe burns, gunshot wounds, opium addiction, small pox and Kala Azar. An eight-year-old child and a sixty-year-old woman were shot by bandits. The child had been taken captive after bandits raided his village, and was kept in an empty pit, where one foot and hand became frozen. Chinese soldiers eventually rescued him, but he was shot in the elbow during the fight. The woman had also been shot in the arm, but it had taken two weeks before she was taken to hospital, and "now her upper arm is just pouring pus." One of the "burn cases" was a ten-year-old beggar lad who had lain down by an open Chinese stove during one cold night. His "rags caught on fire, and his arm and side were badly burned before the blaze was extinguished." The opium addict was a twenty-year old woman whose husband admitted her because of "a new ruling of *shooting* all drug addicts [which] comes into force with the new year."

To Canadian missionary nurses, the missionary hospital was a safe haven – for themselves and for their patients. Beyond the compound walls lay bandits, filth, poverty, disease, neglect and abuse. Margaret Gay was appalled by the number of patients with gunshot wounds, "indicating the constant suffering at the hands of bandits throughout towns and villages . . . they live in constant fear."[71] In contrast, hospitalized patients were given a measure of protection and love that they may have otherwise lacked. Georgina Menzies described patients who were hospitalized for a long time. The nurses became surrogate mothers to some of the children:

> [Ting Niu is] the pet of the ward! She has been with us over a year now. Her mother and father have both left with promises to come for her later on . . . She had multiple abscesses after Smallpox [which] have just recently all cleared up. Textbooks say a child in an institution usually lacks the love and cuddling they receive at home, but Ting Niu gets more than what is good for her. The Nurses all love to cuddle her a bit and teach her new words. She has to learn to walk and talk, as she has been sick for so long."[72]

Menzies found missionary nursing rewarding and purposeful. It gave her the opportunity to exercise Christian ideals of service and compassion. Although Menzies was not opposed to the idea of proselytizing to patients ("we haven't always time to preach to them every day"), direct evangelism was not the most expedient way to share the gospel: "[We] hope our nurses, by their kindness and willingness to do all they can to ease their pains, act as a living example of a little of what Christ is willing and waiting to do for all of us."

Public Health Work

The year 1936 was characterized by innovation and energy. NCM nurses were encouraged by the interest shown by the new Nationalist government to advance medical care in China, and by the growing local interest in expanded nursing services. Changte nurses received requests for public health work, well baby clinics, rural health programs and midwifery training. To Clara Preston, "open doors" were everywhere.[73] In response, the Changte nurses organized monthly baby clinics to teach about the roles of nutrition and cleanliness in illness prevention. Sixty mothers and their babies attended the first clinic, held in April 1936. A room was arranged with benches, chairs and tables, and decorated with "suitable posters."[74] One table held baby clothes, another held books on "child training," while others displayed food for "hygienic baby feeding" of children under two years old. A second room was fixed up for weighing and measuring babies and, significantly for the nurses, to bathe them – some "likely for the first time in their lives" [See Figure 4.14] .

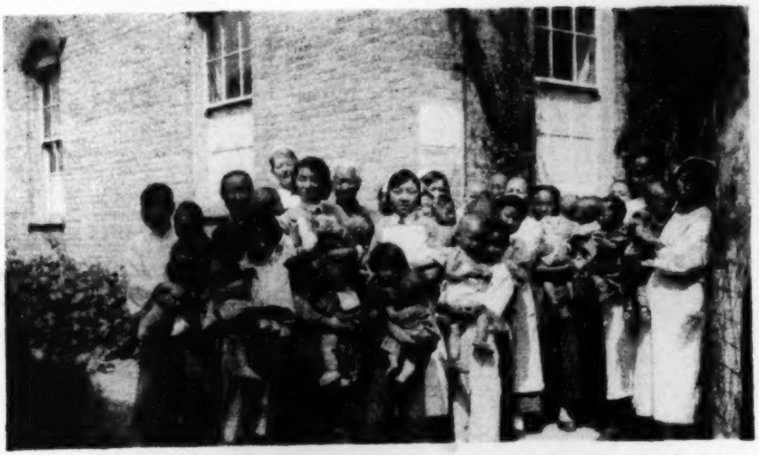


Figure 4.14: Mrs. Ratcliffe at Well Baby Clinic, Weihwei
UCCVUA 1999.001P/ 1880

This unprecedented opportunity to share the 'gospel of soap and water' was important to Preston since "good sanitary conditions just do not exist in China."[75] According to Preston, many lifestyle factors contributed to the spread of disease. These included using uncovered wells as the main water supply, dumping garbage into wells and rivers, living in crowded courtyards, allowing children to play among dogs, pigs and chickens, and leaving food exposed to flies and dust. In addition, although many received smallpox inoculation, there was a there was a lack of local interest in preventing trachoma, malaria, dysentery, Kala Azar or tuberculosis. While marked progress had been made in China in regards to disease prevention and treatment in the previous hundred years, there was still a long way to go. Preston credited western medical men and women for leading the way in the progress of medical science, but also noted "Chinese doctors and nurses have borne a credible part and are taking an increasing share of responsibility each year."

Among Clara Preston's surviving papers is a ten-page report by the Church of Christ in China Commission on "The Work of the Rural Church" dated July 1937. A section entitled "Health" gives insight into the public health principles and projects which influenced Preston's work. The report stated that the "Church must cooperate in every way with the Government's plan for State Medicine and the Public Health program."[76] The commission recommended four practical public health goals to be accomplished over the following two years: (1) reduce the cost of medical service via health insurance, the training of a "lower grade medical personnel," and usage of public health nurses or midwives for common or minor ailments, (2) provide each Christian group in rural areas with a medical kit and training it its use, (3) support "home hygiene," including anti-fly campaigns (fly-swatting, fly-traps, fly-proofing cupboards, fly-proof toilets) and healthy children campaigns, and (4) support "maternal hygiene." The Christian Church was to take an active role in these strategies – most notably in "home hygiene:"

> The Church should seek to spread accurate information regarding hereditary and infections diseases, in particular venereal diseases and tuberculosis. Every Christian pastor should urge both parties to seek medical examination before marriage, this examination to include a blood test for syphilis. We request that mission hospitals undertake to supply this service free of charge as their contributions to the Christian home. The Church should make opportunity for demonstrations of Child Care, Home Hygiene, and Child Welfare Clinics.[77]

To church leaders in China, public health was an integral aspect of church life: This early version of parish nursing did not have a chance to grow into fruition during the chaotic decades that followed the writing of this report.

As awareness of the need for public health services increased, public health efforts expanded at Weihwei. For example, Jeannette Ratcliffe's Chinese-language nursing textbook entitled *Communicable Diseases* was published in 1936 and distributed through China.[78] Also, the WMS provided Weihwei personnel with a grant to establish a new health center in Weihwei city, outside the mission compound. The center would utilize public health nurses and physicians for work with children and expectant mothers. Interest from the community was encouraging: Government schools were inviting public health nurses to give lectures to schoolchildren and two Chinese nurses (one male and one female) worked virtually full-time in the schools, villages and city. They held clinics in the city and the countryside, and cooperating with the government in immunization campaigns. The health center opened officially in 1937, staffed by two Chinese graduates of the Weihwei nursing school, who also had postgraduate courses in public health and midwifery. [79]

In compliance with new Ministry of Education regulations, the face of nursing was becoming increasingly Chinese. Graduate nurses were more prevalent in the NCM, in public health projects around the region, and in leadership positions. At Weihwei, in addition to Chinese public health nurses, Chinese graduates worked as "resident nurses" at the district cotton factory, and the local Normal School. Although one might expect that the Canadian nurses would have been reluctant to give up their own positions of authority, the evidence suggests the opposite: They stepped aside with grace, and with pride in their nursing colleagues. For example, when a new Chinese principal of the NCM Central Nurses Training School at Weihwei was hired for the fall of 1937, Ratcliffe accepted her new subordinate position with dignity. Although Ratcliffe had been in charge of the nursing school for twenty years, she focused not on her loss, but on nursing's gain:

> All this meant far more than raising standards of education for our nurses, it meant that nursing had won a battle for recognition throughout China, that schools had been standardized, and that the allegiance of educated and high-minded Chinese womanhood had been enlisted.[80]

As Ratcliffe reflected on the progress of nursing, she could not have foreseen the tragic events that would eventually lead to her permanent departure from China. Nor could she have predicted that the new health center – where "proud mothers of a thousand babies had contended for prizes at the well baby show" in the spring of 1937 – would be reduced to "deserted piles of mud and bricks" within a matter of weeks.[81]

Summary

The years 1928 to 1937 would later become known as the Nanking [Nanjing] Decade – a period of moderate peace during which the fledgling Nationalist government ruled from Nanking. John Watt describes this decade as "one of the more auspicious periods in the development of nursing in China."[82] He gives four reasons: First, nursing reduced its dependency on foreign missionary leadership – particularly in the NAC. Second, the Nanking government's Ministry of

Health became interested in the promotion of public health and health education training for nurses. Third, the Ministry of Education established a subcommittee on nursing to register and supervise nursing education. Finally, during this decade the profession became predominantly the domain of women. Watt observes that nursing education during the Nanking Decade was principally an urban development, in East and Southeast China. It penetrated into the countryside only in a few places singled out for model education and health programs. This point underscores how exceptional the situation was at North Honan: Although the North China Mission was small and isolated, it managed to successfully undertake some of the same nursing programs as were offered in the larger port cities. Nursing at the North China Mission flourished between 1928 and 1937, and changed in all of the ways outlined by Watt – except one: It continued as an attractive profession for *both* male and female nurses.

In North Honan during the Nanking Decade, Chinese males could be found in various nursing positions – as students, graduate nurses, public health nurses, head nurses and nursing instructors. Although Jeannette Ratcliffe believed that females were more suited to the nursing profession, she nonetheless continued to support the admission of men into the Weihwei nursing school (with males sometimes comprising half the number of students), and into staff positions. At Changte, Clara Preston similarly supported the role of male head nurses and assistants in the Men's Hospital. At Hwaiking, however, men did not seem to go into nursing services as readily as women. Perhaps this was because there were other options for males interested in medical care. That is, under Dr. McClure's Rural System of Hospitals, men were encouraged to enter independent practice as dressers (with six years of training) or doctors. As it was, the NCM missionaries attempted to work within established cultural norms, and displayed a remarkable degree of sensitivity when it came to local values and mores. Although the NCM nurses may have believed that women naturally made "better" nurses, they did not impose this value on the Chinese. For their part, Chinese males continued to enter the nursing profession – one of the few available to men in Honan at the time – and earned their way into positions of leadership as administrators and teachers.

Although the lack of staffing statistics makes it impossible to evaluate the proportion of men who were in authoritative vs. rank-and-file positions, the fact that there were males *at all* at the NCM contrasts sharply with the situation at the West China Mission (WCM), for example. At the WCM, the all-male student population at the Men's Hospital training school for nurses was replaced by an all-female student population over a two-year period, starting in 1934. According to Muriel McIntosh, a Canadian nurse at the WCM, females had never cared for male patients in Szechwan before that time. The entrance of young women into the Men's Hospital training school in 1934 marked a "new era" of nursing in Szechwan, and by 1936 *all* the students entering the Men's Hospital training school were female. To McIntosh, the change from an all-male to an all-female nursing school improved the quality of the nursing care since, "it seems to be only the exceptional male who has a real knack for bedside care."[83] If the profession of nursing in China at large opened new doors for young women during the Nanking Decade, nursing in Honan also opened new doors for young men.

The Nanking Decade was characterized by increased governmental involvement in health care. Missionary nurse leaders Jeannette Ratcliffe (Weihwei), Janet Brydon (Hwaiking) and Clara Preston (Changte) viewed governmental interest as a positive stimulus for the development of nursing at the NCM. With unprecedented public recognition of and support for modern nursing in China, the NCM nurses enthusiastically took up the task of standardizing the nursing curriculum, meeting registration requirements, and promoting public health. Although Ratcliffe, for one, was wary of how Chinese nursing headship might diminish the heretofore-Christian underpinnings of the nursing profession, she nonetheless supported the movement towards Chinese headship – even when it meant giving up her authoritative position at Weihwei.

As NCM nurses were enjoying more support and recognition within China, they were also losing the attention of Canadian supporters in the homeland. During the 1930s, Canadians turned their attention towards the grave economic conditions at home, and worrisome political developments across the Atlantic. NCM nurses could no longer count solely on the Canadian church for organizational support and direction, and they started to identify more strongly with the nursing profession; they turned to the national and international community of nurses for support and direction. Whereas previously the Canadian nurses had been content to conform to the vision of the NCM hierarchy (WMS, Presbytery, physicians) now they began to develop independent ideas of what the profession of nursing should look like in China. Still committed to the goals of the United Church mission organization, the nurses also agreed with the goals of the increasingly organized nursing profession, and tried to find creative ways to meet the demands of both.

During the Nanking Decade, Jeannette Ratcliffe, Clara Preston, Margaret Gay, Coral Brodie and Janet Brydon emerged as independent, tenacious, creative leaders. They drew on the wisdom of the Chinese nurses and broader Chinese Christian community, sought council from the Nurses Association of China, and kept abreast of developments at the union universities like the Peking Union Medical College and the Cheeloo University at Tsinan. They also made stronger connections with the nursing profession at home, seeking continuing education in Canada and the United States during furloughs. Finally, they increasingly identified with the nursing profession at large, seeing themselves more as *nurse*-missionaries than *missionary*-nurses. They began to rely on – and report to – their Canadian colleagues via the *Canadian Nurse* journal rather than solely reporting through Church publications. And, when they were in Canada on furlough, they could as likely be found speaking at nursing alumnae events, as to United Church audiences.

The organizational accomplishments of NCM nurses during this period are remarkable, especially considering the eroding financial base for Canadian missions due to the economic depression in Canada, the threat of Japanese invasion at Tsinan, difficult travel and communication, and the resignation of Margaret Mitchell and Allegra Doyle - two of the nine WMS nurses. The NCM nurses restored nursing programs and services decimated in 1927, expanded nursing education beyond Weihwei, and extended public health services – all while supporting and nurturing Chinese colleagues into positions of leadership. The Church in China supported public health nursing and, it could be argued, introduced an early version of the concept later developed in North America as "parish nursing." As the church sought to improve the health of her members, public health nurses brought their skills to the congregation-as-community. Yet, despite the tenacity, courage and dogged hope of the NCM nurses, they would never enjoy the same level of success achieved during the relatively peaceful Nanking Decade. For the rest of the Missionary Era, China would be at war.

Notes

---

[1] Clara Preston, "In a Chinese Setting," *Canadian Nurse* XXXII, no. 9 (1936): 480

[2] Brown, *History of NCM*, LXXVII: 1-10.

[3] Brown, *History of NCM*, LXXIX: 7; Letter to Mrs. Inksater (no sender listed) 28 January 1930. UCCVUA 83.058C, Box 56 File 2 Series 3. Because Tsinan was a relatively expensive treaty port city, Brodie received additional salary allowances.

[4] Struthers, *Doctor Remembers*, 47-9; Brown, *History of NCM*, LXXX: 1.

[5] Struthers, *Doctor Remembers*, 48.

[6] Letter from W. B. Djang to "a list of friends" 29 May 1928. UCCVUA83.045C Box 3 File 42.

[7] Djang, letter 1928.

[8] Arthur Kennedy, Sr., telephone conversation with author. Brodie related this incident to Kennedy on an occasion when the latter was helping to prepare her will.

[9] Brown, *History of NCM*, LXXXI: 2; See also "Report of Conditions on North Honan Field, 1928" UCCVUA 83.045C Box 3 File 42.

[10] Brown, *History of NCM*, LXXXI: 3-5.

[11] Brown, *History of NCM*, LXXXI: 6. It is not clear what a 'balopticon' refers to.

[12] It is difficult to decipher the currency rates of exchange. Between the different types of currency used by the Canadians in China (i.e.: Mexican silver, Mexican dollars, Canadian dollars, Gold, Chinese currency), the fluctuating exchange rates, and the fact that the type of currency is often not specified, it is difficult to understand the relative value of the dollar amounts given in the NCM reports. In 1928, the rate was given as $1 (Canadian) Gold = $2.15 Mexican. By 1932 this was $1 (Canadian) Gold = $4.00 Mexican.

[13] Letter from W. Harvey Grant to Helen R. Inksater 23 September 1930. UCCVUA 83.058C Box 56 File 2 Series 3.

[14] Brown, *History of NCM*, LXXXIII: 7-9.

[15] Brown, *History of NCM*, LXXXIII: 12-3.

[16] Letter from W. Harvey Grant to Mrs. Anson Spoton. 30 October 1933. UCCVUA 83.058C Box 56 File 5 Series 3.

[17] Grant, letter 30 October 1933.

[18] Letter from W. Harvey Grant to Dr. A. E. Armstrong, 21 July 1933. UCCVUA 83.058C Box 56 File 6 Series 3.

[19] Brown, *History of NCM*, LXXXVIII: 1.

[20] Brown, *History of NCM*, LXXXVIII: 2.

[21] Letter to Helen Inksater, 28 January 1930.

[22] UCCVUA Bio Files Georgina Menzies and Allegra Doyle.

[23] Letter from "Mission Secretary" to Mrs. Inksater 15 October 1931. UCCVUA 83.058C Box 56 File 3 Series 3. The mission secretary expressed both surprise and delight at the arrival of Margaret Gay, having received "no word of her appointment or sailing," but also asked, "but now, what about some new full time evangelists?"

[24] Margaret Gay, "How I got my RN in 1926." Private collection of Muriel Gay.

[25] While the nature of her "nervous breakdown" is not clear, Gay was sent to Shanghai "for health reasons" in 1920, and stayed there helping the McGillivrays to distribute Christian literature, until her return to Canada in 1922. UCCVUA Bio File Margaret Gay.

[26] Gay, "RN." She tied Elizabeth Smith for the top spot in her graduating class.

[27] Muriel Gay, telephone interview with author. Pins from the private collection of Irene Pooley.

[28] 1926 Vancouver General Hospital Students Annual. Courtesy Muriel Gay. Copies were also obtained from the VGH Archives, courtesy Ethel Warbenik and Glennis Zilm of the BC History of Nursing Group.

[29] VGH 1926 Annual.

[30] Gay, "RN."

[31] Clara Preston, "Unknown Ships that Pass in the Night." Memoirs written on 3 March 1947. Private collection, courtesy Ward Skinner.

[32] Gay, "RN."

---

[33] Letter from Mission Secretary (Weihwei) to Mrs. Inksater, 24 October 1931. UCCVUA 83.058C Box 56 File 3 Series 3.
[34] Letter to Inksater 24 Oct 1931.
[35] The mission used coded messages for the public cables. For example, IPKES, OARYT, AOKAK when decoded read, "What has been decided about furlough. Miss M. H. Brown. Require a definite answer at once. Telegraph immediately." Hugh MacKenzie, the author of this particular cablegram, sent a follow-up letter apologizing for the abrupt sentence: "the codebook does not seem to lend itself to more polite language" Letter from Hugh MacKenzie to Mrs. Anson Spotton. 6 July 1934. UCCVUA 83.058C Box 56 File 6 Series 3.
[36] Extract from letter from Dr. Grant to Mrs. Ratcliffe 24 August 1931. UCCVUA 83.058C Box 56 File 3 Series 3. The letter was from "Dr. Grant." This is most likely Ratcliffe's sister Susan (McCalla) Grant, although it might have been Susan's husband W. Harvey (a minister) or daughter Mary (a physician). This letter was noted in the NCM notes on 24 August 1931, but was originally written on 20 July.
[37] Menzies and Doyle took language study on site, rather than in Peking. They successfully completed their exams in 1934. Letter from W. H. Grant to Mrs. Spotton, 20 February 1934, Item 36 UCCVUA 83.058C Box 56 File 6 Series 3; UCCVUA Bio Files Georgina Menzies and Allegra Doyle.
[38] Preston, *Flowers*, 72-3.
[39] This nurse was the "wife of the Chinese doctor" at Changte. This was probably either Mrs. Li, or Mrs. Tuan: Since Dr. Li was the Director of Rural Medicine, Preston was probably referring to Dr. Tuan, who was at the Changte hospital before 1935. Brown, History of NCM, LXXXVIII: 14.
[40] Preston, *Flowers*, 74.
[41] Brown, *History of NCM*, LXXXVIII: 5, 11.
[42] Knight, letter 23 November 1932.
[43] Brown, *History of NCM*, LXXXVIII: 8.
[44] For further study, see Munroe Scott, *McClure: The China Years of Dr. Bob McClure.* (Toronto: Canec Publishing, 1977).
[45] Preston, *Flowers*, 74.
[46] Brown, *History of NCM*, LXXXIX: 1-3.
[47] Brown, *History of NCM*, LXXXIX: 8.
[48] Brown, *History of NCM*, LXXXIX: 6,9. By 1936 the NCM Medical Committee reported 91,000 in-patients at the mission hospitals.
[49] Margaret Gay, "Nursing in China," *Canadian Nurse* XXIX, no. 8 (1933): 414-6.
[50] Preston, *Flowers*, 47.
[51] Struthers, *Doctor Remembers*, 79-81.
[52] Preston, *Flowers*, 47.
[53] Struthers, Doctor Remembers, 81. After the Sino-Japanese war, Struthers returned to Cheeloo to find that 1200 case histories of Kala Azar bound in a series of volumes and including photographs of 100 patients, had been sold to the Japanese as waste paper. Regrettably, he was therefore unable to prepare a monograph on his work at Cheeloo. See also Brown, *History of NCM*, LXXX: 6-10.
[54] Gay, "Nursing," 414.
[55] Gay, "Nursing," 415.
[56] Brown, *History of NCM*, LXXXIX: 6,9
[57] Brown, *History of NCM*, LXXXIX: 7-11; Preston, *Flowers*, 73
[58] Isabel Leslie, "A Good Word from China," *Canadian Nurse* 30, no. 5 (1934) 210.
[59] Gay, "Nursing," 415.
[60] Letter to W. H. Grant from 'Executive Mission Secretary' 2 October 1933; Letter from W. Harvey Grant to Mrs. Anson Spotten, 23 November 1934. UCCVUA 83.058C Box 56 File 6 Series 3.
[61] "Report of the Menzies Memorial Hospital for 1936 (Hwaiking Medical System)" 13 January 1937. UCCVUA 83.045C Box 8 File 119.
[62] "Menzies Memorial Hospital 1936," 1; See also Brown, *History of NCM*, LXXXIX: 7-11.

---

[63] One of the reasons that the "Honan Mission" was renamed the "North China Mission" (NCM) was because many of the "Honan missionaries" were actually working outside of Honan province – at Tientsin, Tsinan, and Shanghai. The Honan Council did not actually approve of the name change until 1939.

[64] Coral Brodie, "Cheeloo University Hospital" UCCVUA 83.045C Box 8 File 119.

[65] Preston, *Flowers*, 50. See also p. 73.

[66] Preston, "Chinese Setting": 480.

[67] L. Clara Preston, "Report of L. C. Preston" 1936. UCCVUA 83.058C Box 58 File 29 Series 3; Reeds, "Changte Hospital 1936."

[68] Jeannette Ratcliffe, "Report 1936." UCCVUA 83.058C Box 58 File 31 Series 3

[69] Ratcliffe, "Report 1936"; Jeannette Radcliffe [*sic*] "War in Weihwei," *Canadian Nurse* XXXIV no. 7 (1938): 356-8.

[70] Georgina Menzies, "Ward Rounds" 1936/37. Emphasis added. UCCVUA 83.058C Box 58 File 26 Series 3.

[71] Margaret Gay, "Annual Report" 1936/37. UCCVUA 83.058C Box 58 File 16 Series 3.

[72] Menzies, "Rounds."

[73] Preston, "Report of L. C. Preston."

[74] Preston, "Chinese Setting."

[75] Preston, *Flowers*, 43.

[76] Commission on the work of the Rural Church, "Health," General Assembly of The Church of Christ in China for the Fourth Quadrennial Assembly, Tsingtao, July 1937. Skinner Family private collection. Courtesy Doug Skinner.

[77] Rural Church, "Health."

[78] "Reply to Questionnaire of Policy Committees of the Foreign Missionary Board's of Woman's Missionary Society to the Men and Women of the Field" 1936, section IX 'Production and Use of Christian Literature' UCCVUA 83.045C Box 8 File 121.

[79] Brown, *History of NCM*, LXXXVIII: 12-3; LXXXIX: 4; Ratcliffe, "Report 1936."

[80] Radcliffe [*sic*] "War in Weihwei," 356. Dr. Bob McClure later commented on the dignity with which Ratcliffe turned over her position to those who had been her subordinates. McClure, interview.

[81] Radcliffe [*sic*] "War in Weihwei," 356.

[82] John Watt, "The development of nursing in modern China, 1870 – 1949," *Nursing History Review*, 12 (2004): 67-96.

[83] Muriel McIntosh, "Nursing in China," *Canadian Nurse* 37, no. 1 (1941): 17-20.

CHAPTER 5

FROM 1937 TO THE 1940 EVACUATION ORDER: SCATTERED DREAMS

Everything is very green & the birds sing & flowers bloom, but a wrong note remains.

-Janet Brydon, 1938 [1]

Outbreak of the Sino-Japanese War

On 7 July 1937 the news of an outbreak of armed hostilities between Chinese and Japanese forces came with the "suddenness and unexpectedness of a lightning flash."[2] At first, the Canadians were not unduly disturbed at the news of the armed incident at the Marco Polo Bridge at Lukuochiao near Peking (Peiping)* since "clashes between the two groups were not infrequent."[3] However, unlike more remote skirmishes, this clash occurred at the very gates of China's ancient capital – a bold and taunting move. The Lukuochiao Incident would mark the starting point of the eight-year Sino-Japanese War. Japanese troops began an aggressive campaign to occupy China, beginning with the north. When Japanese attacked and captured Tientsin, the Canadian missionaries realized how dire the situation actually was.

Clara Preston was on vacation at Yu Ta Ho in Shansi province when the Sino-Japanese War started. She heard news about the Lukuochiao Incident, and talked with other vacationing missionaries about how it would affect them and their work. After each day brought more disturbing rumors, Preston decided to head back to Changte. Weihwei missionary Helen McDougall accompanied her. While on the train back to Honan, Preston observed hordes of refugees attempting to escape southward to safety. The roads were "black with people, some on donkeys, some riding in rickshas, some on bicycles, and a great many on foot carrying their most valued possessions."[4] Torrential rains periodically delayed the trip back to Honan. At one point, the two women waited for almost a day for washed out bridges to be repaired. They filled the tedious and anxious hours with conversation and reading aloud novels by Emily and Charlotte

---

* The Nationalists changed the name of Peking to "Peiping" after Nanking became the capital of China to denote the lesser status of the former capital.

Bronte. The rains continued unabashed. By the time the train reached Weihwei, the city was under so much floodwater that McDougall had to be ferried by boat to the North China Mission (NCM) mission compound. Boats became the normal mode of transportation around Weihwei during that wet summer.[5]

By the end of the summer, the hostilities had abated and, except for occasional air raids, missionaries felt safe to continue their work. How long peace would last was anyone's guess, but the NCM missionaries "were accustomed to living dangerously."[6] To missionaries at Weihwei, the imminent war was the least of their concerns. More pressing was the extreme flooding and resultant famine. Jeannette Ratcliffe wrote in her diary on 15 July 1937 "Water rising fast; nurses' yard flooded; nurses moved to hospital fourth floor. Myself waded knee deep to hospital to get kitchen and laundry moved to main floor." Two months later Ratcliffe added to her entry,

> For two months these useful auxiliary services remained there perched precariously on verandahs whose floors were always sinking and whose ceilings were always falling. 'Tis well the Chinese are an adaptable race.[7]

Rain continued to fall on the fields of millet and corn and by August, the swollen rivers spread over the fields. To make matters worse, earthquake shocks weakened the sodden mud houses and shops and many homes and buildings collapsed. Ratcliffe wrote, "we almost got accustomed to the 'squee-sh' of falling mud houses in the village."[8] The new health center was destroyed. While Honan was still reeling from these natural disasters, the Japanese began their invasion of the province.

As Japanese armies advanced towards Weihwei along the Peiping-Hankow train line, refugees started pouring into Honan from the north. The Weihwei hospital staff watched as retreating Chinese troops marched past the Weihwei compound. They began to see more casualties. According to Ratcliffe, "[Japanese] planes carrying bombs droned and roared overhead, and victims were carried into the operating theatre, most of them to die of wounds a little later" (p. 357). Because the Japanese had promised not to target British property, the NCM missionaries began to fly British flags. They also painted large Union Jacks on the roofs of all large buildings and on the outside of the Weihwei compound wall [See Figure 5.1].[9]

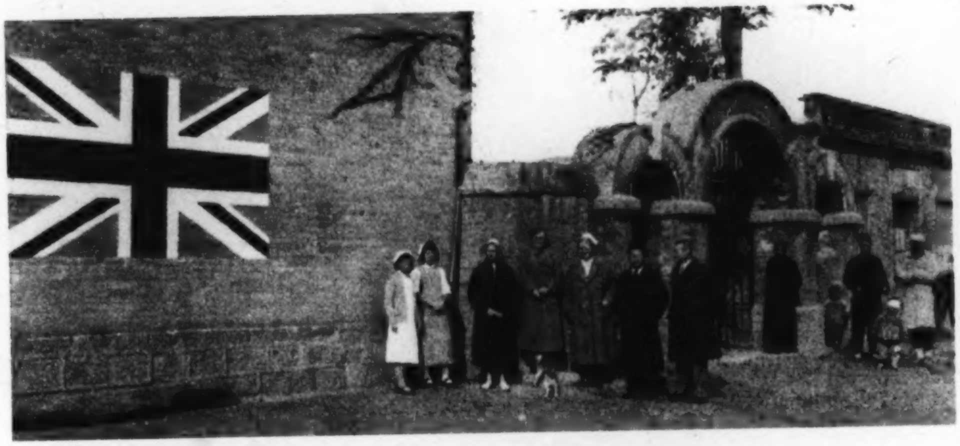


Figure 5.1: South Gate, Weihwei Compound, November 1937
Private collection, courtesy Isabel Struthers Staal

On 1 October 1937, Changte was heavily bombed. All single women except Dr. Margaret Forster were sent to Weihwei [See Figure 5.2]. Clara Preston helped out at Weihwei for a couple of months, but then decided to take an early furlough back to Canada with Margaret Gay [See Figure 5.3].[10] The remaining staff at the Weihwei hospital filled their days caring for the wounded and for refugees. The Canadians were fulfilling their sense of mission and purpose by such altruistic service. They had little doubt that theirs was valuable work, and assumed their Chinese colleagues felt the same way. To the shock and disappointment of the Canadians, Chinese medical and nursing staff began to leave the Canadian mission to do medical work elsewhere. To the Canadians, the British flag was a source of pride and protection. Not so for the Chinese, who desired to do something of value under the *Chinese* flag. As much as the Chinese Christians respected the Canadians, and as devoted as they were to the Christian faith, working with Canadian partners limited them. Loyalty to the Christian purpose was immense; loyalty to China was greater. Jeannette Ratcliffe was astonished that most of the Chinese staff abandoned the mission:

> The infection of fear spread, and on one never-to-be-forgotten day twenty of our staff left. Within two weeks our staff was reduced to one Canadian doctor, two Canadian nurses and seven Chinese graduates and pupils.[11]

By the end of 1937, the Weihwei hospital had lost all of their Chinese doctors and seventy-five percent of student and graduate nurses. Some of the student nurses headed south the carry on with their training in a safer place. Most of the graduate nurses found work at national hospitals. For example, five graduate nurses went to Nanking to work at a military hospital, and four joined the Red Cross staff where they cared for thousands of wounded.[12]

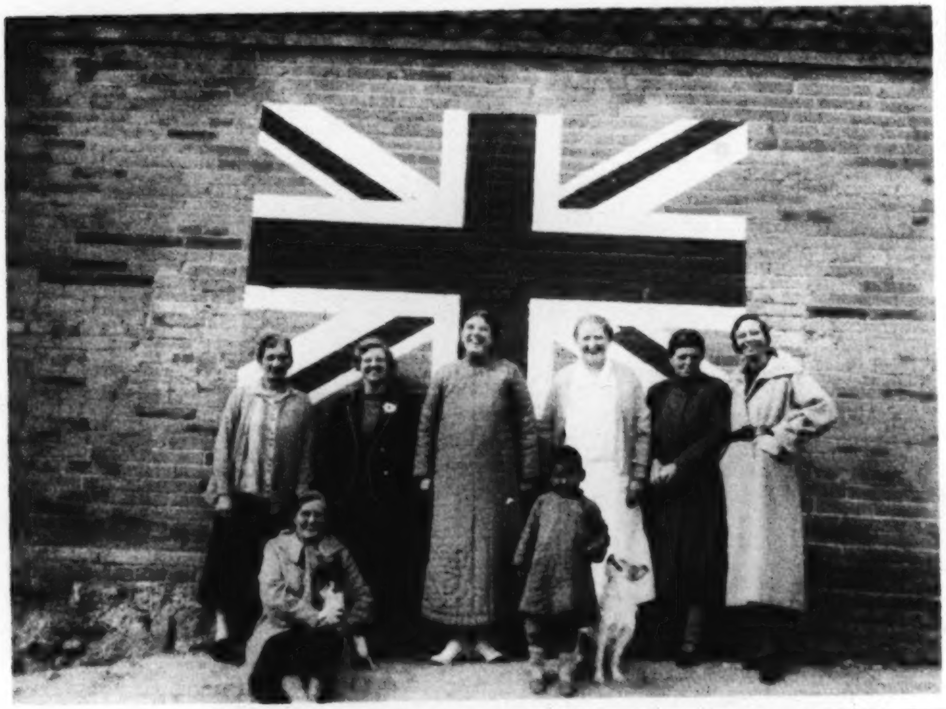


Figure 5.2: WMS missionaries, Weihwei 1937
(L to R rear) Unknown, Durrant, Preston, Gay, Warren, McDougall; (front) McTavish, He Pao Lien's child
Private collection, courtesy Isabel Staal
Also available at UCCVUA 1999.001P-2484

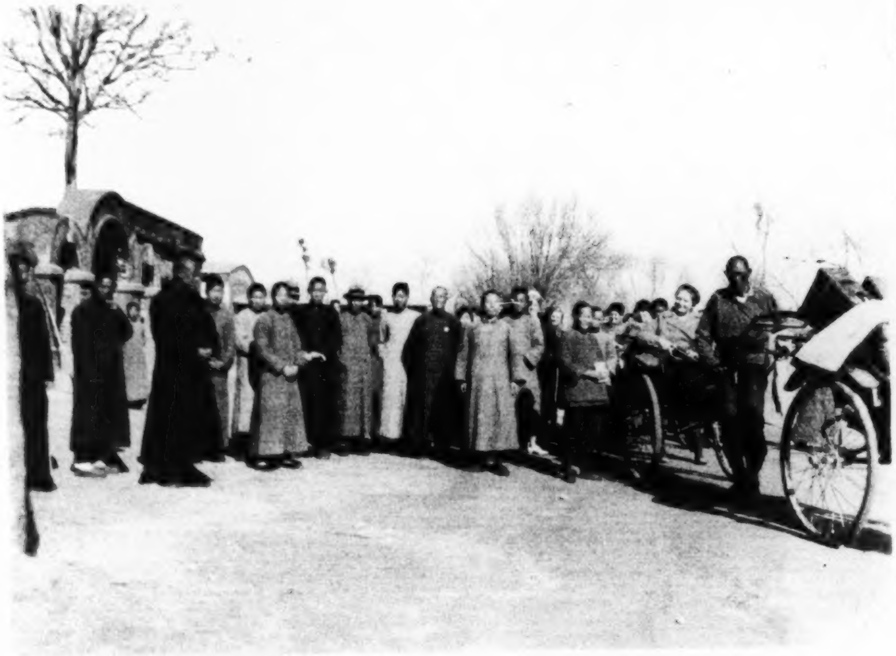


Figure 5.3: Preston and Gay Leaving on Furlough 1937
UCCVUA 1999.001P-1918

A skeleton staff at Weihwei continued to care for wounded patients, maternity cases and cholera victims. Despite the war, Weihwei graduated three nurses in 1937, and took in a class of ten probationers – not because they desired such a large class, but because these students were refugees, and homeless. It was a year of emotional highs and lows, as Ratcliffe wrote to her nursing colleagues in Canada:

> And thus a year beginning with such expansion of opportunities, with such planning for better work was all swept away – gone with the wind. Yet, we still treasure the unique privilege of standing with our people in their deep sorrow, of experiencing the loyalty and friendship of Chinese colleagues who have stayed by us right through, of helping to maintain a place of refuge for the sick and wounded.[13]

On Christmas day, a Japanese plane hovered low over the main hospital building, weaving back and forth over its whole length – but did not drop any bombs. The missionaries believed that the large flags painted on the hospital roof deterred the Japanese, and were somewhat reassured of their safety as British subjects. Their optimism did not last long. Within two months, the NCM mission stations were in the hands of the Japanese.

Japanese Occupation of North Honan

On the morning of 13 February 1938 missionaries at the Weihwei compound were awakened by the sound of guns. Refugees started pouring into the compound, although it was already filled beyond its capacity: Over three thousand jammed into the neutral property hoping for safety. Four shifts of twenty men were organized to patrol the overcrowded compound. Three days later the Japanese entered Weihwei city unopposed. It was devastating news, but could have been worse – at least there were no new wounded for the harried hospital staff.[14]

Hwaiking's takeover was not as peaceful as Weihwei's had been. On 18 February 1938 the NCM missionaries at Hwaiking watched as the Chinese army retreated along the road close to their compound. To their horror, Japanese planes began dropping bombs on a column of soldiers just outside the compound wall. The seriously wounded near the gate were immediately brought into the mission compound. Rev. H. Stewart Forbes took the newly acquired ambulance into the village to collect other wounded. The medical staff worked until midnight as refugees poured into the compound. The next afternoon shells began bursting right at the Hwaiking compound gate. Panic ensued and, while some of the staff rushed to the Forbes's cellar for protection, Mrs. (McNeeley) Forbes grabbed her coat and "rushed to the hospital to join Miss Brydon in caring for the wounded."[15] Over the course of twenty-four hours, one hundred and two seriously wounded were brought in. With the assistance of Brydon, Forbes, and the Chinese nurses, the two Chinese doctors operated on nearly all of them.

Dr. Bob McClure was impressed by the work done by Janet Brydon and Mr. and Mrs. Forbes in his absence. In a letter to Dr. McCullough on 20 April 1938 McClure wrote,

> The Japanese bombed them, shelled them and machine-gunned them from the air. Our folks wheeled out the ambulance that we had the forsight [*sic*] to buy last Spring and took in 110 wounded in 24 hours. They filled our little hospital and all the branch ones and when the Japanese came they listed 29 of them as wounded soldiers and the rest as

> wounded civilians. . . Really the stuff that those people in Hwaiking have learnt to put up with and still carry on would make history in most countries.[16]

Within days, the Hwaiking compound had 2500 refugees. Soon the whole Hwaiking area was involved in hostilities. The crisis demanded the full attention of medical personnel, and anyone who could, helped out – even if it was traditionally unacceptable for them to do so. For example, at the Wenhsien Branch Hospital (one of the Hwaiking Rural System hospitals), Dr. Chou's two young girl assistants got around conventional Chinese mores by shaving their heads and dressing as boys in order to help care for the wounded men.[17]

As the danger mounted in North Honan, foreign consuls warned the missionaries to evacuate. Surprisingly, most chose to stay. According to Margaret Brown, "They were one with their Chinese brethren in distress. Mutual sharing of dangers overcame barriers of race and creed."[18] Unlike the events prompting the exodus of missionaries in 1900 and 1927, the present crisis was not initiated by nationalism or anti-foreignism; Chinese aggression was not aimed towards the British. Not only were Canadians and Chinese united in their condemnation of the Japanese, the Canadians also had something very tangible to offer the Honanese: medical care and a safe haven. Their efforts did not go unnoticed. On 1 April 1938, Chiang Kai-shek paid tribute to the missionaries, stating that "Thousands of people had escaped pain, suffering and death as a result of missionary effort, and girls and women have been saved from a fate worse than death."[19] Having their hard work recognized by Chiang was reassuring for the Canadian missionaries, especially after the desertion of their Chinese colleagues in 1937. Apparently China still needed and wanted their help, after all.

Three Mishkids Appointed to Occupied China

By early 1939 nurses were badly needed at the NCM. Three of the missionary nurses had resigned to be married: Isabel Leslie to the recently widowed Rev. John T. Flemming of Weihwei in 1937, Allegra Doyle to Douglas Smith of Canada in 1935, and Georgina Menzies to Dr. John Lewis of the Baptist Missionary Society in 1939.[20] The WMS had appointed a Miss

Hargrave to the NCM in 1937, but the Sino-Japanese war delayed her arrival.[21] In May 1938, Miss Hargrave regretfully sent in her resignation "in view of the strong opposition of her family to Mission work of any kind."[22] The NCM missionaries were feeling desperate. The need for nurses was so great that the NCM was offering three-year contracts, rather than the usual five-year terms.[23] Interestingly, the three nurses appointed to replace them were each Honan missionary kids: Mary and Dorothy Boyd, who were daughters of Rev. and Mrs. H.A. Boyd, and Elizabeth Thomson, who was the daughter of Andrew and Margaret Thomson. Like the majority of the NCM nurses, Thomson and the Boyd sisters were all graduates of the Toronto General Hospital (TGH) Nurse's Training School. Indeed, all of the NCM nurses appointed after 1922 were TGH graduates [See Appendix 7: Education].

The prevalence of TGH graduates at the NCM is noteworthy, and raises some questions about the relationship between the TGH and NCM. While a thorough exploration of the TGH and NCM connection is beyond the scope of this study, it seems reasonable to assume that the "culture" of nursing school could influence a nursing students' decision to become a China missionary.[24] For example, Margaret Gay was supported by schoolmate Marion Fisher Faris and the nursing administration of the Vancouver General Hospital (VGH) during the 1920s. Similarly, Margaret Straith Fuller was one of seven Winnipeg General Hospital (WGH) graduates working in China in 1928.[25] WGH Alumnae records from the 1920s and 1930s highlight the work of missionary nurses in general, and of China missionary nurses in particular. Students interested in mission work did not have to look far for mentors.

As with the VGH and WGH, the culture of the TGH School of Nursing likely supported students' decisions to become China missionary nurses. Having missionary nurse alumnae was not new to Toronto: Jennie Graham and Margaret McIntosh had both graduated from Toronto before 1889. Nursing students interested in mission work and mishkids interested in nursing could conveniently prepare for both in Toronto, since the TGH and University of Toronto were within walking distance from the Presbyterian (later United Church) headquarters. Nor did prospective missionaries they have to go far to find mentors – there were always a number of missionaries on furlough close by. But did the TGH administration itself support prospective

China missionary nurses? Dr. Robert McClure credited administrator Jean Gunn for supporting his efforts to recruit China nurses in 1938 since, after he met with her, there were a "number" of nurses who signed up.[26] McClure was probably referring to the Boyd sisters and Elizabeth Thomson, who all came out to China in 1938. Thomson's family, however, maintains that Gunn actually tried to dissuade her from going to China.[27] Gunn, it seems, wanted Thomson to stay in Toronto as an administrator. McClure may have underestimated his *own* persuasive abilities (vs. Gunn's), and may have overlooked the fact that the three new appointees had compelling reasons to go to China with or without the support of their school.

Elizabeth Durie Thomson was born at Changte in 1911 as the third of eight children. She attended grade school at Weihwei, returning to Canada with her mother and siblings for high school education. Thomson attended nursing school with her best friend and fellow mishkid Florence MacKenzie, graduating from the TGH in 1935 [See Figure 5.4].[28] After working for a year as a general duty nurse, Thomson went to the University of Toronto, where she took a two-year course in hospital administration, finishing in 1938. Thomson was a bright student – having been awarded the gold medal of her graduating year at TGH – and a promising administrator. Thomson made a good impression on her supervisor, Jean Gunn. According to Thomson's family, Gunn had hoped Thomson would take over her supervisory role at TGH after Gunn retired; Gunn was not pleased to see Thomson give up a promising career in Toronto. [29]

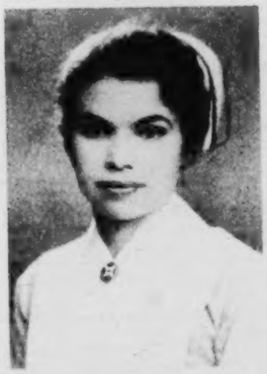


Figure 5.4: Elizabeth Thomson TGH Graduation 1935
Private collection, courtesy Margaret Gale Wightman

Elizabeth Thomson had not always intended to return to China. Given the opportunities in Toronto, why did she choose to go to a country at war? According to Thomson's family, China offered personal attractions and professional challenges not available in Canada. To someone in her mid-twenties, life with the NCM looked like fun: Thomson had fond memories of family vacations at Peitaiho, and of the tight social network among missionaries. Friendships begun at Honan often developed into deep, lifelong relationships. One could expect to find likeminded friends – and even spouses – within the missionary community in China [See Figure 5.5 and 5.6]. Indeed, Thomson met her future husband, London Missionary Society missionary physician Dr. Godfrey Gale, at Peitaiho. Moreover, Thomson already had personal connections in China: Her father still lived there, and her friends Mary and Dorothy Boyd were planning to return. Besides the social opportunities, there was an even more compelling reason to go to China: There was an urgent need for medical workers.[30] Janet Brydon had written to the *Canadian Nurse* journal in 1937 of the "wonderful opportunities [in China] for people with initiative and perseverance," and in 1938 Dr. Bob McClure was in Toronto seeking to enlist more nurses for China.[31] Thomson took notice. When she later read a newspaper article depicting a Chinese orphan sitting by a railroad, her mind was made up to put her skills to meaningful use in Japanese-occupied Honan.[32]

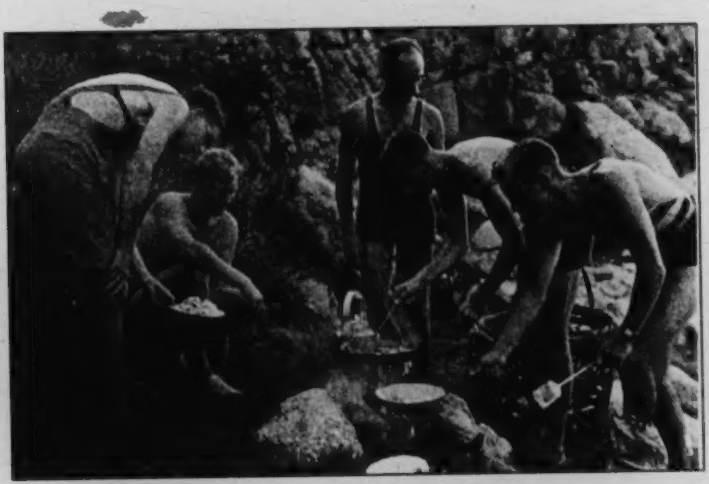


Figure 5.5: LMS Picnic at Peitaiho, 1940
Private collection, courtesy Margaret Gale Wightman

Figure 5.6: LMS Picnic at Peitaiho, 1940
Private collection, courtesy Margaret Gale Wightman

Nursing under Japanese Rule

Clara Preston returned to Changte in the spring of 1939 after her furlough in Canada, and found new challenges under Japanese rule. The Changte Women's Hospital and training school for nurses had been carrying on with a limited staff and more patients – Chinese, Japanese and Korean. Preston worried about the language barrier between Chinese nurses and "enemy" Japanese patients, believing that the consequences of miscommunication could be dire. After she discovered that the Japanese patients could make out Chinese written characters quite well, writing became the main means of communication between nurses and patients. The tension in the hospital could be overwhelming at times. The emotional and mental anguish experienced by the nursing staff is exemplified by the 'breakdown' of one male student. Unable to cope with the stress, this student was admitted for "special" [psychiatric] care at the Peking Union Medical College; Preston accompanied him on the trip to Peking. Some of the other staff had already left the Changte hospital because of the difficulties posed by Japanese occupation.

The Japanese authorities were making it difficult for patients to come to the Changte hospital, sometimes fining patients if they were caught trying to sneak in. Although the NCM hospital admitted Japanese patients, there was also a Japanese hospital in Changte. Like the

NCM hospitals, the Japanese hospital was short-staffed. The Japanese authorities asked the NCM for Chinese nurses and, much to Preston's dismay, Miss Jen, the head nurse, volunteered to go. This was a self-sacrificial act: By working for the enemy, Jen faced being persecuted by the Chinese. Yet, Jen hoped that her going might prevent the necessity of others doing so. She also hoped that she might be able to care for Chinese patients. After praying together, the hospital staff agreed to let her go. Although Jen's fate is unknown, she did visit Preston later that summer when Preston was under house arrest.[33]

The hospital staff at Weihwei were also experiencing difficulties with the arrival of Korean and Japanese patients. To Mrs. Ratcliffe, the ensuing "Tower of Babel" provided difficulty as the patients and nurses sought to understand each other. On one occasion, a young Korean woman was carried into the hospital, very ill, very frightened. Her response to offers of food, medicine or treatment was simply to yell. One of the Chinese nurses found an innovative way to respond:

> The oldesr [*sic*] nurse prepared a tray, put a flower on it, carried it in herself, prepared to feed the sullen and suffering girl. (Youth does not expect to be so served by age in the Orient) . . .the nurse put down the bowl and chopsticks, covered her face with her hands, and burst into what she hoped would sound like loud weeping. Startled attention from the patient. Then by pantomine [*sic*] [the nurse] explained her grief and how it might be comforted. The Korean girl looked astonished, then amused, then laughed outright. The food [and medicine] was taken.[34]

At Hwaiking, work carried on much the same as usual – that is, short staffed. Janet Brydon worked in tandem with her colleague Miss Chiu, and continued to rely on the part-time assistance of Mrs. Maisie (McNeely) Forbes. Despite the wartime conditions, Brydon, Chiu and Forbes managed to graduate their first "official" class of four nursing students, in 1938. According to Brydon, this was the first class at Hwaiking to go through a regular, systematic course of required lectures. Although it is not clear whether the school was actually registered in 1938, Brydon's goal was for the Hwaiking students to meet governmental standards and earn government diplomas. While Miss Chiu managed the nursing school, Brydon oversaw patient care. War-related injuries were common, and complicated by various forms of infection:

> 'Have an leg amputation on a child today. They nearly made it an emergency to relieve its pain but it was already of two days standing, so we got it put off. One man died today & one the day before yesterday & we have two others with dreadful temperatures & we do not feel at all sure of the diagnosis . . . We had one who ran a temperature for weeks on end up to 106 [degrees Fahrenheit] once. He was a shrapnel or bomb case but he [also had gangrenous] toes, ascaris, syphilis & I think hookworm but I am not sure of the last.[35]

The Japanese invasion heightened rather than diminished the Canadian nurses' desire to work in China. There was more risk, but also more need. The nurses sought to create corners of order among the chaos, putting up with personal inconvenience (e.g.: lack of proper footwear; lack of radio communication) and threat to their well being in order to respond to the physical needs of those who sought medical and nursing care.

Cheeloo Moves to Free China

After the outbreak of the Sino-Japanese War in 1937, the Nationalist government urged all educational institutions to move to Free China (i.e.: parts of South and Western China not occupied by the Japanese). The West China Union University at Szechwan invited the Shantung Christian University faculty and students to come to West China. Like Cheeloo, the West China Union University was an interdenominational institution supported in part by the United Church of Canada. In response to the invitation, the three upper classes of the medical college and four staff members started on the thousand mile overland journey to West China in the fall of 1937. The Cheeloo hospital at Tsinan remained open, but it was seriously understaffed. Just as had happened at Weihwei, patriotic Chinese doctors and graduate nurses left Cheeloo to work under Chinese auspices. Some joined the Red Cross. The staff shortage was further intensified with the departure of Dr. E.B. Struthers, who went back to Changte to oversee work at the Men's Hospital in the absence of Dr. Reeds and Dr. Gordon Struthers.[36] Coral Brodie stayed at Cheeloo, and found herself in charge of heavy hospital work with a very limited staff [See Figure 5.7]. However, by the end of 1937, the Japanese took over Tsinan without a fight and, with the immediate threat of fighting abated, student nurses began to slowly return to Cheeloo.

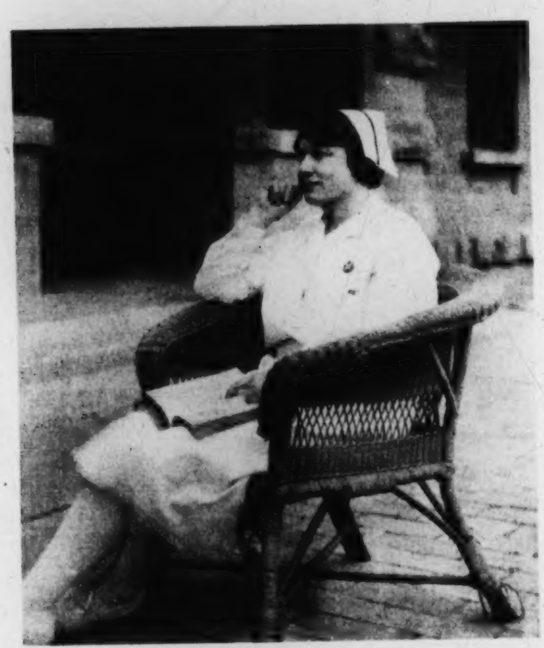


Figure 5.7: Coral Brodie at Cheeloo
Brodie family collection, courtesy Karen James

By June 1939, forty-seven institutions had moved to Free China, and twenty-one to the foreign concessions of Shanghai. This mass emigration involved thousands of students and hundreds of professors traveling by boat, bus, or foot over hundreds of miles of dangerous territories – something C.H. Corbett called, "one of the most astonishing phenomena in the struggle against Japan."[37] Brodie, however, stayed at Cheeloo, teaching and working in the wards. As the war escalated, the relationship between the North China Mission and the West China Mission would become increasingly important to missionaries from both sites.

The Anti-British Movement

In July 1939 summer rains came earlier than usual, and once again the Yellow River flooded its banks. At Hwaiking, walls and buildings collapsed, cellars filled with water, and gardens were destroyed. At Weihwei, it was again necessary for residents to travel by boat within the city. In the middle of these conditions, an Anti-British Movement took hold at Honan. According to Honan missionary Margaret Brown, it was the Japanese who instigated the movement. For example, at Kaifeng, south of the Yellow River, the Japanese forced the Chinese to boycott the British.[38] The nickname for foreigners had been "foreign devils" for as long as anyone could remember, but in recent years the term had been used more lightheartedly. Now foreigners were being depicted as fiends again [See Figure 5.8]. At Changte, Japanese authorities commanded that the mission close. They increased restrictions against the hospital, threatened the Chinese staff, and prohibited Chinese patients from attending clinics. An Anti-British demonstration was staged on July 9 by a mob of 200 Chinese, accompanied by armed Japanese. According to Clara Preston,

> [Chinese demonstrators] went to the east compound first, then marched onto our [West] compound. One of the leaders had been one of medical assistants some time before, then had been with the Chinese army . . . He had been put in prison and beaten, and was to have been shot, but was granted his life if he would work for the Japanese.[39]

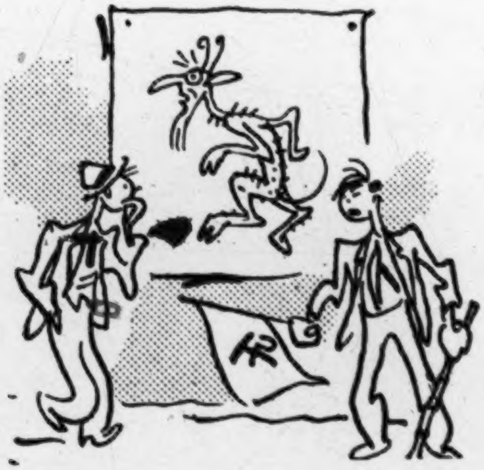


Figure 5.8: Foreign Devils
North China Herald 14 April 1937

On 30 August 1939 the Japanese gathered the Changte hospital staff together in the chapel. The Chinese were told of supposed Canadian offenses and warned that, those Chinese who did not leave by noon the next day would have arms or legs cut off. Everyone at the Changte mission took the threat seriously. Within hours, Clara Preston and the others distributed equipment and supplies to the departing staff. Students received their class records and extra books, graduate nurses received instruments and an obstetrical bundle, sewing women received a sewing machine, cooks received the kitchen equipment, and goatherds were given the goats. At 9 p.m. everyone celebrated the Lords Supper together and said farewell.

By noon the next day, Clara Preston, Rev. Don Faris and Dr. Isabella McTavish were the only ones left at the West compound. Bill Mitchell, Grace Sykes and Rev J.C. Mathieson were ten minutes away at the East compound (Later Faris and Mitchell traded places). The six missionaries stayed at their respective compounds for three weeks, and kept in contact with each other by telephone. By refusing to leave, the Canadians held out hope that the Japanese would allow them to remain in China. A Japanese guard stayed at the compound gate to ensure that Chinese staff did not return. The missionaries became virtual prisoners.

With no staff to help them, the missionaries were kept busy cooking meals, cleaning house, taking inventories of supplies, and sending some of their belongings to Peking. At the East compound, Rev. Faris milked the goats. At the West compound, Preston, McTavish and Mitchell pulled the belt each night to start the electric power plant – not so much for lighting as for their radio connection with the outside world. Every night Preston sent a basket and rope over the compound wall; one of the Chinese hospital staff living on the other side would fill the basket with milk and other needed supplies. For some inexplicable reason, the postman was allowed onto the compound, however. He would ask Preston if there was anything he could bring in or buy to help out. Preston was overwhelmed by his generosity, realizing the risk he was taking. According to Preston, "he realized we had come to this country to help the sick and needy and now when we needed a friend, he was willing to do what he could even if he paid dearly for it."[40]

The situation was difficult, but the missionaries were still somewhat in control of their destiny: It was their choice to barricade themselves within the protective compound walls.

However, before long it became clear that the walls would not protect them indefinitely. One night the gate of the West compound was set on fire – presumably by anti-foreign mobs. Preston, McTavish and Mitchell formed a makeshift fire brigade to fight it:

> We had water in our large water tank so we attached a heavy rubber tube to the tap which helped to fill the fire pails, and then got our operating room stretchers and carried the pails on them. Dr. McTavish and I kept the pails full while Bill Mitchell threw them on the fire. The beams were dropping . . . Mr. Mitchell stepped on a nail, so we had to give him tetanus toxin.[41]

The three missionaries at the West compound saved their gate. The gate of the East compound was similarly set on fire, but there was no running water at that compound. The gate burned down, leaving those missionaries exposed to a greater threat of danger. In the midst of this crisis, Preston experienced what would become one of the highlights of her career at Changte. One day two of the Changte nurses came to the compound. They had walked for two days through Japanese lines to visit the Canadians, and to invite them to stay with them at their home until the situation settled. As Preston wrote,

> Hearing of our plight . . . these two nurses walked back two days in the heat . . . although it meant real danger to them. We only had time for a few hurried words as we were being watched by the guard, and it was with tears in our eyes that we thanked them but told them it would not be wise. We can never forget that offer, and it wasn't the only one.[42]

Tired and anxious, the missionaries' resolve began to falter; it broke on the night of 16 September 1939. That night, nine grenades were thrown ever the East compound wall, of which four exploded. A poster pasted to the compound gate showed a prostrate foreigner with blood running from his neck. It read, "Englishmen, within three days if you are not away from this place, there will certainly be danger on your lives" [See Figure 5.9].[43] This was the end: Staying any longer would mean danger to themselves and to their Chinese friends. Within days the missionaries left Changte. Preston and Sykes took a train to Peking, where Preston went to the Peking Union Medical College for a month's work and observation of the wards.[44]

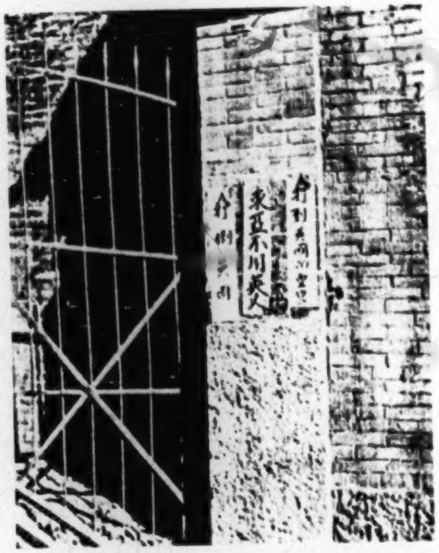


Figure 5.9: Anti-British Poster at Changte Men's Hospital
From report by Robey, Struthers and King. March 1940
UCCUVA 83.058C Box 58 File 12 Series 3

At Weihwei, things remained relatively quiet until 4 September 1939. On that day the staff was called to the hospital where Mr. Chang, head of the local Anti-British Committee, ordered the missionaries to leave at once and not return. Margaret Gay later recalled "a white-faced frightened looking little Chinese man," telling the staff that the hospital was to be closed without delay, and patients, employees and foreigners had to leave on threat of death.[45] Dr. Tuan Chia Pin pointed out that this would cause great personal loss since the worker's homes were in the compound and forty patients were still in the hospital.[46] So the missionaries were given a day's grace. Dr. Tuan consulted with the missionaries, and it was agreed that he would take over responsibility for the hospital. Despite the orders to leave, some of the missionaries stayed on. Margaret Gay later wrote,

> I had ten minutes in which to leave the place where for ten years I had worked amongst nurses and patients. Opening a drawer I gathered up a handful of vials of narcotics, and put them in my pocket. Then I went up to the storeroom on the third floor, where there were thousands of dollars worth of new goods . . . [and gathered] as many new hot water bottles as I could [carry].

Gay took the supplies home, then proceeded to move into Isabel (Leslie) Flemming's house. The Flemmings had left for Canada the previous month due to illness. [47] There Preston waited, terrified, for three days before someone came along and helped her light the Chinese stove for warmth and cooking. Much to Gay's surprise, Dr. Li from Hwaiking summoned her in person a few days later. Hwaiking missionary Violet Stewart was ill with typhoid, and Dr. Li requested Gay's help to nurse her. Gay left for Hwaiking on the afternoon train, leaving the other missionaries at Weihwei.[48]

On 5 October 1939 the missionaries at Weihwei received word that they must leave by 12 October or "drastic action" would be taken on the 13th. They planned to leave in small parties and reunite in Peking. Mrs. Ratcliffe was the only Canadian nurse at Weihwei. She left on 12 October 1939, with Helen McDougall. Two months later Ratcliffe described her final days at Weihwei in her annual report. Although Ratcliffe did not know that subsequent events would have her back in Canada within a year, she may have suspected that her three decades of missionary service at Weihwei were coming to an end. Ratcliffe started her report by recalling Dr. Grant's words to the missionaries evacuated in 1927:

> Our work here has been in vain unless we have succeeded in leaving behind a body of men and women with a deep love for their Lord and a willingness to sacrifice for the building up of His church.[49]

To Jeannette Ratcliffe, the missionary nursing work would have similarly been in vain if no Chinese nurses were in place to take up the task after the Canadians departed. When Ratcliffe left Weihwei in 1939, her goal of passing the work over to the Chinese goal became a reality – albeit more abruptly and under more trying circumstances than she could have imagined. She appointed her assistant as the Superintendent of Nurses. The Weihwei Hospital and Training School for Nurses was poised to continue without the Canadians. It would be six years before a Canadian nurse would return.

The Last NCM Station Closed

At Hwaiking, the missionaries heard of evacuations at Changte and Weihwei, and suspected they would be next. Young people had been slowly filtering out of Hwaiking over the previous two years, making the long trip to Free China by foot. Many were students determined to continue their education: Hwaiking missionaries estimated that at least a thousand children aged seven to fourteen escaped from Honan to Free China during that period.[50] The Japanese authorities had been treating the missionaries with increased suspicion and active opposition, "insinuating that we were supporting Communistic [*sic*] influences in our schools and church and hospitals."[51] Japanese authorities also suspected patients in the wards of being Chinese spies.

On 6 October 1939 the Japanese started to occupy the Hwaiking compound. Eighty soldiers entered the compound requesting "tea and a rest." That evening the Japanese Propaganda Department asked for billets for six hundred Japanese soldiers, who remained for three days. On 19 October the Japanese asked Dr. Chang to co-operate with them in "taking over the hospital after the foreigners had been driven out."[52] Dr. Chang told the Canadians of the Japanese plans to take over. It was decided that everyone must evacuate. Dr. Chang was the first to leave, escaping with his family in wheelbarrows at midnight on 24 October. [53] They arrived safely in Sian [Xian], having "gone across the country in several kinds of conveyances, walking a good part of the way."[54] On 26 October the first Canadian party made their escape from Hwaiking; Margaret Gay – who had gone to Hwaiking from Weihwei to nurse Miss Stewart through a bout of typhoid – was among this group of exiles.

Margaret Gay's party included four single women and an English doctor, who had been helping out in the absence of Dr. Bob McClure. This group had enough time to pack "the things we cared for the most," which for Gay meant her best bedding, books from Dr. McClure's medical library, and books from Dr. Bruce Copland's theological library.[55] The group was harbored for a while at the Catholic Mission at Hsin Hsiang. Much had changed in the relationship between Catholic and Protestant missionaries since the 1800s. Unlike earlier times when Jonathan Goforth viewed the "Romanists" as deceptive and deluded rivals, NCM missionaries now viewed

Catholic missionaries as having a common, faith-inspired goal – to provide humanitarian aid to the poor and oppressed in China.[56] In turn for the kindness shown them by the Catholic missionaries at Hsin Hsiang, Margaret Gay's group left behind "Red Cross money for famine relief and other necessities" plus "drugs for use in their clinics."[57] Despite the impending crisis, the Catholic missionaries resolved to stay in China.[58]

When the NCM missionaries left Hwaiking and Changte in 1939 they did not know how, or whether, their work would be preserved. It is not clear whether anyone was left in charge of medical work at these two stations. At Weihwei, however, the missionaries formally placed the NCM hospital under the care of Dr. Tuan Chia Pin before they left. Although it had seemed obvious to the Canadian missionaries that the threats to them and their Chinese colleagues necessitated their evacuation from Honan, doubt plagued them once they reunited in Tientsin. Rev. G.K. King asked in a report of the October events, "Were we right in leaving the property and work in this way?"[59] With the exception of Elizabeth Thomson's father Andrew, who stayed on for a few more months at Taokow, all the NCM missionaries were evacuated in 1939 – the third mass exodus in the mission's history.[60]

Scattered Dreams

As a result of the Anti-British Movement and the worsening war conditions in Japanese-occupied Honan, the NCM missionaries were exiled from Honan and scattered around China and Canada. At the end of 1939, Clara Preston, Margaret Gay, Dorothy Boyd and Mary Boyd were in Tientsin working among refugees. They lived in the home of Mr. Hugh MacKenzie, the NCM treasurer, and father of Canadian nurse Florence MacKenzie Liddell.[61] Jeannette Ratcliffe was in Peking undergoing treatment at the PUMC for an undisclosed illness, Janet Brydon was on furlough in Canada, and Elizabeth Thomson and Coral Brodie were at the Nurses Training School at Cheeloo and. [See Figure 5.10].

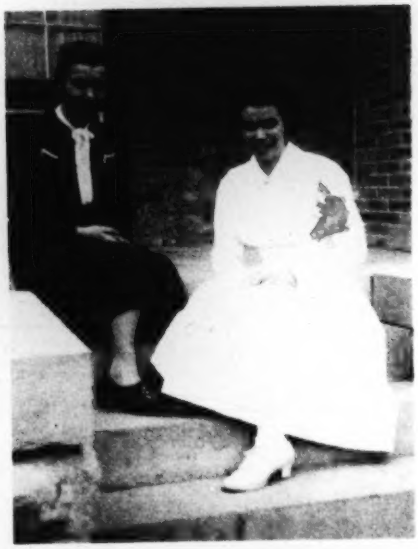


Figure 5.10: Brodie and Thomson at Cheeloo 1939
Private collections, courtesy Mary Struthers McKim and Margaret Gale Wightman

Over the course of the next few months, there was a flurry of letters back and forth between Tientsin, the temporary NCM headquarters, and Toronto as the mission tried to figure out how best to situate their nurses. With the North China Mission temporarily closed, the West China Mission naturally hoped to secure the services of some of the free NCM nurses. However, this was not as easy to accomplish as it might first appear. Out of the eight NCM nurses, only two could realistically leave their current assignments to go to West China: Dorothy Boyd and Coral Brodie. Mary Boyd and Elizabeth Thomson were engaged; Clara Preston, Margaret Gay and Jeannette Ratcliffe had already accepted other assignments, and Janet Brydon was still on furlough. Even the five married nurses who occasionally helped out were unavailable: Mrs. Roulston and Isabel (Leslie) Flemming were on furlough in Canada, Georgina (Menzies) Lewis was with her husband in Shantung, Maisie (McNeeley) Forbes was in Kobe, Japan, and Marion (Fisher) Faris was with her husband at Cheeloo.[62]

Dorothy Boyd was the first to go to West China. She had just recovered from a bout of diphtheria contracted in the Tientsin refugee camps, and was interested in joining her parents in Szechwan. Her sister Mary Boyd preferred to stay close to Peking since her fiancé John Stanley was there, studying at Yenching University. Elizabeth Thomson was also engaged – to Dr.

Godfrey Livingston Gale of the London Missionary Society (LMS) at Cheeloo. Thomson originally intended to complete her three-year commitment to the WMS, but resigned a month before her marriage.[63] Jeannette Ratcliffe planned to stay in Tientsin to finish revisions for an updated version of her nursing textbook *Communicable Disease*.[64] Once finished, Ratcliffe expected to either work at the University Hospital at Nanking, or return to Canada to retire.[65] Ratcliffe's health was fragile, and she had been losing weight since the late summer. Although Ratcliffe "bore up wonderfully all summer in Weihwei [and] was a tower of strength" through the armed conflict, she had been hospitalized in Peking for two weeks.[66] Clara Preston was doing relief work connected with the Yenching University at Peking, and Margaret Gay had just been appointed to head up a hospital in for contagious disease for the British Municipal Council at Tientsin.[67]

Tientsin had five hospitals staffed by Canadian and Chinese nurses and doctors. A medical clinic was open seven days a week to which those who were ill could be brought. Gay's "hospital" was the basement of the British Municipal Hall. There, with Dr. Hoyt, an English doctor from the China Inland Mission, Gay turned the basement into a general ward, setting up a partition and arranging beds in rows; one side for men, the other for women and children. The International Red Cross provided funds for the bedding, food and medicine. To Gay, not having to ask patients for money was "one of the happiest bits of hospital work we had done in China."[68] Gay worked with six Chinese graduate nurses – two men and four women – each trained at a Mission hospital. After a morning in the wards, Gay would go out among the huts, looking for sick people needing care. Two stretcher-bearers transported patients to a waiting ambulance. When the ambulance was filled, Gay went along to "distribute the sick ones to whatever Hospital they needed to be in." [69] She recalled caring for a ninety-year-old refugee,

> We took her in, bathed her and put on clean new clothes, and put her comfortably in bed, with one of the English afghans [from the Red Cross] wrapped around her. On her pillow was a pillow ship with fine hand crocheted lace, and some holes had been expertly mended. The old lady was delighted beyond words to find herself so well looked after . . . How she appreciated her bowls of hot food, and all the comforts of our makeshift ward.[70]

To Margaret Gay, working among Chinese refugees in Tientsin was the epitome of missionary nursing, giving an opportunity not only to use nursing skills to care for the ill and injured, but also to showcase "the kindness of the Western world," by providing material and human resources to those who could least afford it. With Gay and the other Canadian nurses thus occupied, the only possible candidate to join Dorothy Boyd at West China was Coral Brodie.

Paralyzed Plans

After twelve years at Cheeloo, Coral Brodie was ready for a change, and in June 1939 requested to be transferred to work in Honan. Although the records are vague, they do suggest that Brodie had been experiencing a difficult time at Cheeloo related to an inadequate housing arrangement of some sort. In August, Brodie changed her mind, requesting to remain at Cheeloo after all, since a transfer to Honan would not "solve her problem."[71] Brodie expected to "meet with somewhat the same difficulties in Honan that she was experiencing in Tsinan." Brodie asked to be moved into the hospital compound at Cheeloo, indicating that a change of residence would remove "her former difficulties." By December, Brodie changed her mind again, this time requesting a transfer to West China. The WMS Field Secretary wrote a letter to the WMS Secretary in Canada supporting the transfer, writing:

> Although Miss Brodie's past difficulties in Tsinan have been removed, she is feeling the effects of the strain of last winter and early spring of this year, and feels that a change would be helpful and that she could do better work in a different environment.[72]

Brodie had been ill during the summer, and was tired. In December 1939, while she waited to be transferred to West China, Brodie was reportedly "in a reasonable state of mind . . . [a] dependable [and] congenial worker".[73]

Two months later, Coral Brodie suffered a stroke. This came as a shock to everyone. Rev G.K. King reported on her condition on 14 February 1940:

> Coral M.B. is suffering from a partial paraletic [*sic*] stroke which affected her right side. We are glad to report a very marked improvement. She is now able to stand and walk and move quite freely, and some movement has returned to the fingers of her right hand. Speech has not yet returned, but there is still room for hope. She seems bright and happy, and can communicate by writing.[74]

As King understood it, Brodie's stroke was likely triggered by a combination of prolonged stress and illness. He reported that she had been under a "terrible strain" of some sort, after which she contracted malaria – which she did not take seriously, despite being troubled with it "for some time."[75] King's implication was that the stroke could have been prevented, had Brodie's stress and malaria been attended to earlier. As it was, Coral Brodie's remarkable seventeen-year career in China had come to an end.

Since the time of her designation service with her friend Jean Menzies and Dr. Robert McClure at the Bloor Street Church in 1923, Brodie had gained a reputation as a trustworthy, kind, patient and – not least of all – determined woman: According to G.K. King, Brodie had both "grit and good humor."[76] Eighty years later her descendents would use similar words to describe the woman they came to know and admire during her post-China years.[77] During her tenure in China, Brodie faced similar struggles as other NCM nurses, but there were some distinct differences. For example, Brodie bore witness to Japanese atrocities in 1928 – an experience that haunted her decades later. Also, although Brodie went to China as the "chum" of mishkid Jean Menzies, she spent most of her career as the only nurse among the NCM cohort at Cheeloo [See Figure 5.11].[78]

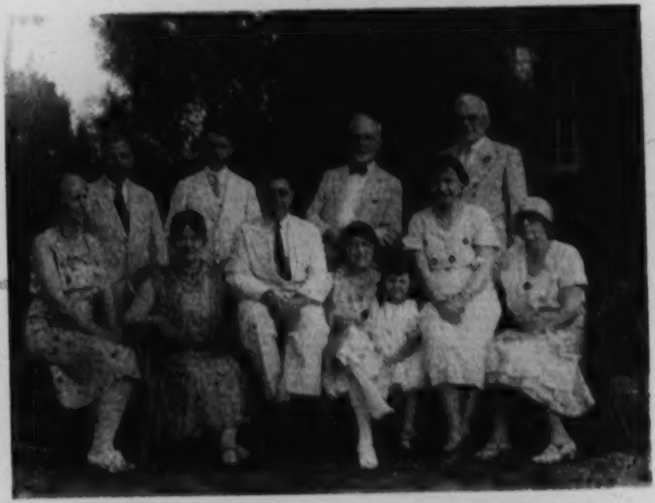


Figure 5.11: NCM missionaries at Cheeloo c. 1930s
Dr. & Mrs. Struthers; Mr. & Mrs. Menzies; Dr Wm McClure; Dr & Mrs. Mitchell; Rev & Mrs. Lautenslager & Kathleen. Coral Brodie is 2nd from R in front
Private collections, courtesy Dr. Mary Struthers McKim and Karen James

If true nature is revealed through one's response to crises, Brodie's stroke revealed something of the nature of the North China Mission and the individuals who comprised it. Jeannette Ratcliffe "hastened to Tsinan" from Tientsin to assist Brodie, and to escort her back to Canada.[79] This sealed Ratcliffe's future: She would take a year of furlough, and then retire. Ratcliffe's offer was not unusual; Canadian nurses had often gone to the aid of fellow missionaries in need of medical attention. Yet this was the first time that an NCM nurse had to be accompanied all the way back to Canada because of a severe medical condition. Even though Brodie had worked in Shantung for fifteen years, she remained part of the Honan sisterhood.

For her part, Brodie faced her life-altering personal crisis matter-of-factly and without complaint. She was hospitalized in Tsinan, but was clear-minded enough to make sure her hospital bill ($413.00 mex.) was paid before she left China.[80] Brodie and Ratcliffe were given a farewell party, and then traveled by boat through Kobe, Japan [See Figure 5.12]. At Kobe, Brodie visited mishkid Mary Struthers, who was attending boarding school there. Struthers later recalled that Brodie was able to walk, but communication was difficult.[81] Brodie and Ratcliffe reached Toronto by train on 17 April 1940, where Brodie's family anxiously received them.[82]

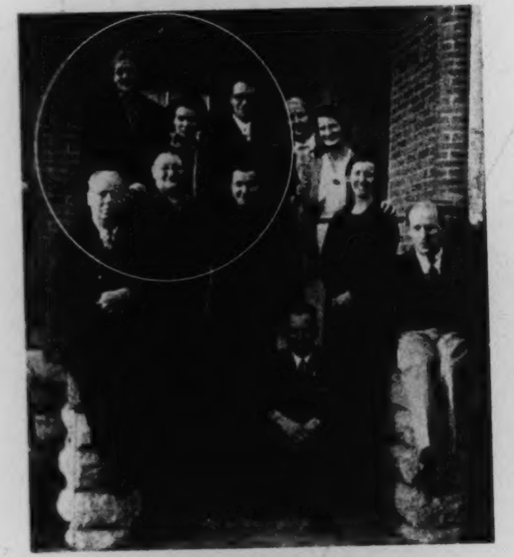
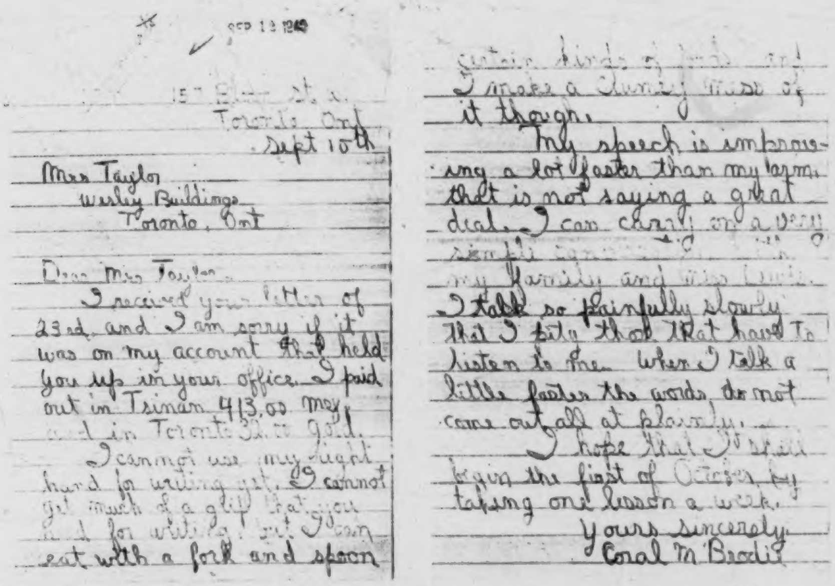


Figure 5.12: Farewell Party at Cheeloo
(Nurses Jeannette Ratcliffe, rear left; Elizabeth Thomson 2nd left, Coral Brodie center)
Private collection, courtesy Margaret Gale Wightman

Brodie was placed under the care of a neurologist and speech therapist. Her sister Jessie Brodie – a nutritionist at the University of Toronto – worked closely with Coral, having her try the "latest theories" for rehabilitation.[83] A neatly handwritten letter written seven months after her stroke exemplifies Coral's determination and clear mindedness [See Figure 5.13]:



SEP 13 1940

157 [illegible] St. W.
Toronto Ont
Sept 10th

Mrs Taylor
Wesley Buildings
Toronto, Ont

Dear Mrs Taylor
I received your letter of
23rd and I am sorry if it
was on my account that held
you up in your office. I paid
out in Tsinan 413.00 mex,
and in Toronto 32.00 gold.
I cannot use my right
hand for writing yet. I cannot
get much of a grip that you
need for writing, but I can
eat with a fork and spoon
certain kinds of foods and
I make a clumsy mess of
it though.
My speech is improv-
ing a lot faster than my arm,
that is not saying a great
deal. I can carry on a very
simple conversation with
my family and Miss Lewis.
I talk so painfully slowly
that I pity those that have to
listen to me. When I talk a
little faster the words do not
come out all at plainly.
I hope that I shall
begin the first of October by
taking one lesson a week.
Yours sincerely,
Coral M. Brodie

Figure 5.13: Letter by Coral Brodie September 1940

> I cannot use my right hand for writing yet. I cannot get much of a grip that you need for writing, but I can eat with a fork and spoon certain kinds of foods and I make a clumsy mess of it though. My speech is improving a lot faster than my arm, that is not saying a great deal. I can carry on a very simple conversation with my family and Miss Lewis. I talk so painfully slowly that I pity those that have to listen to me.[84]

In September 1940 the mission's medical board recommended that Coral Brodie be invalided out of service to the WMS. They did not believe that it would ever be possible for her to be physically able to undertake missionary service again. Thus, the WMS moved that Brodie be granted six month's furlough from the date of her arrival in Canada, then one year's sick leave – until September 1941 – after which "she will retire."[85] Much to everyone's surprise, Brodie improved sufficiently enough to undertake part-time nursing in Canada in 1942. Although she never returned to China, Brodie did not retire from the NCM until 1 November 1943.[86]

West China Calling

The loss of Jeannette Ratcliffe and Coral Brodie brought the North China Mission to a crossroads during the spring of 1940. The Woman's Missionary Society in Toronto was pressuring the NCM secretary G.K. King to send nurses to West China, but King was reluctant to do so. Dorothy Boyd was already in West China at Chengtu, and Margaret Gay had indicated her willingness to follow after an extended rest in Hong Kong over the summer. Gay had been under a "rather exhausting physical strain" in Tientsin.[87] According to Rev. G. K. King, Gay's exhaustion was "not due to overwork so much as to a dearth in fuel and table niceties resulting from the barbed wire and the imposed control of traffic and supplies." A change of scenery in West China, he thought, would do Gay good.

The WMS had been criticizing King for sending NCM nurses to help neighboring missions (e.g.: in Tsinan, Peking and Tientsin) rather than "help[ing] to relieve the difficult situation created by shortage of staff in West China . . . where our Woman's Missionary Society has accepted responsibility."[88] Yet, what the WMS did not realize was how limited the options were. Three of the eight NCM nurses were in Canada (Ratcliffe, Brodie, Brydon), and two were preparing to resign (Thomson, M. Boyd). Since Gay and Dorothy Boyd were already committed to West China, this left only Clara Preston. King recognized that Preston was the only NCM nurse qualified to take on responsibilities at North Honan, should the field open up again:

> [The] most urgent nursing need [at the West China Mission] is some-one to head up the training schools for our Chinese nurses . . . Miss M. Boyd does not desire to go to West China. Miss Brydon [in Canada] is interested in the nurse's training but, we understand, does not feel particularly attracted to that aspect of the work. Miss Preston, on the other hand, is keenly interested in the nurses training work and in the individual nurses . . . But, were you fully acquainted with the full situation [here] would you urge us to send Miss Preston west and so shatter our hopes of continuing [Honan] nursing schools?[89]

Preston's ability to manage a nursing school in Honan was not the only reason that King was reluctant to send her to West China. Preston was also involved in some type of clandestine activity in Japanese-occupied China. Of this activity King cautiously wrote, "she has a fairly intimate contact with her former pupils . . . We hesitate to enlarge." Although the records are vague about what Preston was doing, it was something prohibited by the Japanese but valued by the NCM. It was something dangerous. According to her family, Preston thought of the Chinese as her own children, and was not averse to putting herself at risk in order to protect them. She had, for example, taken Chinese girls into the Changte compound to protect them from being raped by Japanese soldiers.[90] King's 1940 letter was intentionally cryptic, and protective of Preston.

King's letter from Peking to Mrs. Taylor, the WMS secretary at Toronto, exemplifies the difficulty posed by long-distance communication between China and Canada during the early war years. The hierarchical structure of the WMS and FMB gave decision-making power to those farthest removed from the ever-changing local situation – that is, those in Toronto had the ultimate authority over their missionaries in China. The missionaries had to accept the recommendations of the mission boards in Canada, even when the latter had incomplete or outdated knowledge of the situation. Because areas of China were increasingly cut off from communications and supplies, it was difficult to get messages to and from China. And, because of Japanese censorship, messages that did get through from China were often intentionally vague. King hoped the mission boards would recognize the difficulties, and alerted Mrs. Taylor to the censorship by writing, "we deeply regret the necessity laid upon us of being somewhat reticent and cryptic in our communication."[91] The WMS decided to send Preston to the West China Mission at Chungking [Chongqing] despite King's recommendation otherwise. King was obligated to accept their decision. A few weeks later he reluctantly consented, with one caveat:

> However, we put after [Preston's name] "temporary" as indicating that, should the work open up in Honan, we will expect that upon due notice, she will be available, speedily, to return and head up our Nurses Training [back in North Honan].[92]

The fall of 1940 was pivotal for the NCM. Elizabeth Thomson and her friend Mary Boyd both married China missionaries, thus resigning from the NCM [See Figures 5.14 and 5.15]. Clara Preston and Margaret Gay joined Dorothy Boyd at the West China Mission in Szechwan, at Chungking and Chengtu respectively. Janet Brydon was in Canada making preparations to return to China. Her sailing date was set for 2 November 1940. Brydon was, however, having second thoughts about returning – due not to the escalating war, but to her progressive hearing loss. In September 1940 Brydon was prescribed a hearing aid. Although Brydon had struggled with hearing loss for a while, she had managed to work around it at Hwaiking. For example, in the operating room Brydon would repeat Dr. Bob McClure's instructions to be sure she understood ("Scalpel?" "Scalpel").[93] Yet now she would be unable to manage without a hearing aid, and would need a constant supply of fresh batteries.[94] While Brydon wrestled with her decision, the Canadian government issued an advisory that ultimately decided for her. Due to the heightening war, the Department of External Affairs in Ottawa advised all women and children to leave Japan and Occupied Territories. Brydon's passage to China was cancelled. Brydon was "loaned" to the United Church Home Mission department and was appointed to the WMS hospital at Smeaton, Saskatchewan, with the hope that she would be able to return to China the following spring.[95] Shortly after Brydon left for Smeaton, an invitation came for her to work at the University Hospital at Nanking. However, the NCM decided that all sailings to China should remain cancelled for the present.[96] This turned out to be Brodie's last opportunity to return.

Figure 5.14: Thomson Gale Wedding, 1940
Private collection, courtesy Margaret Gale Wightman

Figure 5.15 Boyd Stanley Wedding, 1940
UCCVUA 76.001P-553

At the close of 1940, three Canadian nurses remained in China under the auspices of the North China Mission, as temporary employees of the West China Mission: Dorothy Boyd, Margaret Gay and Clara Preston. Three other Canadian nurses associated with (but not presently employed by) the NCM were in China: Mishkids Elizabeth (Thomson) Gale and Mary (Boyd) Stanley decided to stay with their husbands in northern China, and Florence (MacKenzie) Liddell had recently returned to Tientsin with her husband Eric Liddell and two daughters after a year's furlough.[97] Another Honan mishkid would return to China in 1943: Dorothy Lochead, daughter of NCM missionaries Rev. and Mrs. Arthur William Lochead, was at the Toronto General Hospital School for Nurses at the end of 1940. She returned to China in 1943 as the wife of fellow mishkid Norman Hall MacKenzie – and sister-in-law to Florence MacKenzie Liddell.[98] All of these nurses were about to enter the most trying years of the Missionary Era.

Summary

During the "golden decade" before the Sino-Japanese war, Canadian nurses had measured success in terms of organization, coordination and standardization of nursing services. Using the Canadian system as a guide, missionary nurses attempted to develop a program of nursing that emphasized student labour and a hierarchical staffing structure. Experience and education were rewarded through promotion to a higher level in the nursing hierarchy. That is, students would move through four annual levels, each represented by a different nursing uniform. Graduate nurses, in turn, could move up the ranks from ward nurse, to head nurse, to nursing supervisor. Those with postgraduate education (usually at Cheeloo or Peking Union Medical College) could work in public health or nursing education. Although the early Canadian nurses initially occupied the upper ranks of the nursing hierarchy, those who arrived in China after 1931 followed a similar career trajectory as graduate Chinese nurses: Starting as ward nurses, they were given increased responsibility (and status) according to experience, education, and need. By 1937, Chinese nurses were replacing Canadians in the highest organizational positions.

The clash between Japanese and Chinese soldiers at the Marco Polo Bridge in 1937 set China on a turbulent course. The chaotic reality of 1937 to 1940 gradually stripped the Canadian nurses of the organizational and physical structures they strove so hard to establish. By 1940, they had lost many of the features of modern nursing they had attentively imported and devised, including modern medical equipment and supplies, access to state-of-the-art hospital buildings, and carefully designed curricula. Instead, they were nursing "on the fly" – untethered and unprotected. Nursing success was no longer measured in terms of organizational achievements, but rather by the sheer survival – theirs and their patients'. Through this period they found that nursing could be successfully practiced in the most primitive of settings and under the most tenuous of circumstances; alleviating suffering of humankind was still possible.

Between 1937 and 1940 the nurses' lives had become increasingly constrained as the Japanese occupiers encircled northern China and squeezed in toward Honan. As the Japanese surrounded Weihwei, Changte and Hwaiking, the missionaries retreated behind the brick compound walls. For a while, the missionaries counted on the British flag to protect both them and the hordes of Chinese refugees who wedged into the compounds with them. Ironically but inevitably, the compound walls came to represent imprisonment rather than freedom, and the Canadians burst north to the relative safety of Tientsin and other large cities – and to a new, nomadic existence. There the nurses found alternative ways to fulfill their common calling to serve ill and injured 'strangers' while waiting for their 'beloved' mission field at Honan to reopen.

They were scattered around China and Canada, homeless but surprisingly at ease, surprisingly fulfilled.

Despite their exile and subsequent homelessness, the nurses experienced a sense of deep-rootedness and purpose China that followed them into Chinese refugee camps and makeshift wards in Tientsin, temporary classrooms in Peking, and understaffed mission hospitals around north, east and southern China. Perhaps their 'homeless belonging' should not be surprising, given the nomadic nature of missionary nursing. To commit to missionary work in the first place involved severing geographic, familial and cultural ties. Successful missionaries learned how to straddle cultural boundaries – moving fluently between two cultures, but fully belonging to neither. Home was a fluid, portable concept – created rather than received. Moreover, life as perpetual foreigners was by no means a solitary experience; missionary nurses did not journey alone. Newly arriving Canadian nurses were received into established missionary communities, and became part of an informal, global network of Christian workers. In China, they were connected to the Chinese Christian community. In the vernacular of mission circles, it was not a matter of *who* you were but rather, *whose* you were: "We belong to Christ." Identifying oneself as a follower of Christ (a "Christian") implied that one adhered to a particular set of values, of which service, hospitality, generosity, honesty, integrity, and compassion were central. Thus, when the Sino-Japanese war altered Canadian nurses into inadvertent nomads, they could – and did – rely on the hospitality and goodwill of other Christians whom they met in their wanderings. And, even if other Christians were not immediately accessible, God was. They believed in a personal divinity who was concerned with the very minute details of their lives. God, they believed, was ever-present, all knowing and all-powerful. Even if they were "scattered to the ends of the earth," they were never alone.

If it were not enough to belong to personal God and a fellowship of Christians, the Canadian missionary nurses also belonged to the broader nursing community in China. They nurtured their relationship with their Chinese students and staff who, in turn, showed respect to the Canadians. A rift in the relationship between Canadians and their Chinese staff during the early war years came as a shock to the Canadians. Despite their own nationalism and allegiance to Britain, missionaries considered themselves to be politically neutral. They did not consider their presence a threat to Chinese self-determination, and were surprised when staff loyalty to China overrode their loyalty to the community of Christians. Yet, to the Chinese, nursing under the British flag undermined their allegiance to China. When the Japanese first attacked in 1937, the Chinese staff abandoned the mission hospitals for those bearing the Chinese flag. Their actions baffled the Canadians, who felt deserted and affronted.

Ultimately, the strongest relational ties were between the missionary nurses themselves. These women were bound by similar worldviews, difficult circumstances, and a genuine need for each other. They had forsaken the relative comfort of their homeland, investing their intelligence and health for the opportunity to enter into the suffering of the Chinese people; some gave up material and marriage prospects to nurture a dream of their missionary forbearers. Despite the geographic distance that typically separated them, their sisterhood expressed itself in tangible ways. For example, when Jeannette Ratcliffe made the hasty journey from Tientsin to Tsinan after Coral Brodie's stroke, she was offering more than nursing skills – Brodie was, after all, in capable hands at the Shantung University Hospital. Ratcliffe acted as a surrogate sister, dropping everything to be at Brodie's side and to accompany her back to Canada.

If the NCM missionary nurses as a whole had much in common, mishkid nurses had even more. Not only did they share similar formative years in Honan, which bred in them a unique bicultural, bilingual understanding of the world, these women also shared formative nursing years at the Toronto General Hospital. Mary and Dorothy Boyd, Elizabeth Thomson, Dorothy Lochead and Florence MacKenzie had been reared in northern China. As children, they had acquired an ability to live comfortably in the cultural no man's land of missionaries. Their skill of being at home anywhere would serve them well in the upcoming war years.

Notes

---

[1] Letter from Janet Brydon to "House Folks," 10/6/1938 [not clear if 6 October or 10 June – most likely the latter since referred to the upcoming end of the school year]. Private collection, courtesy Howard Parkinson.

[2] "Heavy Fighting in North China," *North China Herald*, 14 July 1937.

[3] Brown, *History of NCM*, XCIV: 4.

[4] Preston, *Flowers*, 38.

[5] Radcliffe [*sic*] "War in Weihwei," 356.

[6] Brown, *History of NCM*, XCIV: 8.

[7] Jeannette Ratcliffe, "Foreword," 31 December 1939. UCCVUA 83.058C Box 58 File 31 Series 3.

[8] Radcliffe [*sic*] "War in Weihwei," 356.

[9] Brown, *History of NCM*, XCV: 1 Canadians were subjects of Great Britain.

[10] Gay had planned to take the scenic route home, and together the women circumnavigated the world, traveling through Singapore, Ceylon, India, the Suez Canal, Malta, Marseilles, England, and then across the Atlantic to Canada. Preston, *Flowers*, 77-84; Margaret Gay, "Betty and Alice." Private collection, courtesy Muriel Gay.

[11] Radcliffe [*sic*] "War in Weihwei," 357.

[12] Jeannette Ratcliffe, "Foreword."

[13] Radcliffe [*sic*] "War in Weihwei," 357-8.

[14] Brown, *History of NCM*, XCV: 9-10.

[15] Brown, *History of NCM*, XCV: 12.

[16] "Extracts of a letter from Bob McClure to Dr. McCulloch" 20 April 1938. Private collection, courtesy Doug Skinner.

[17] Brown, *History of NCM*, XCVI: 7.

[18] Brown, *History of NCM*, XCV: 18.

[19] Quoted in Brown, *History of NCM*, XCV: 18.

[20] Mrs. Ethel (Craig) Flemming married Rev. Flemming shortly after they both came to China, in 1921. She died in 1935. "List of Missionaries of the Honan Mission" UCCVUA 83.045C Box 1 File 1; Brown, *History of NCM*, XCVIII: 1.

[21] Letter from unnamed author to Mrs. Taylor, 10 March 1938. UCCVUA 83.058C Box 56 File 10 Series 3; Brown, *History of NCM*, XCIV: 8.

[22] Letter from Mrs. Taylor, 3 May 1938. UCCVUA 83.058C Box 56 File 10 Series 3.

[23] Brown, *History of NCM*, XCVIII: 1. It is not clear when five year terms replaced the original seven-year terms – if, indeed, there ever were seven year terms.

[24] At the time of the current study, TGH archives were in temporary storage while the TGH alumnae sought a permanent storage site. They were therefore inaccessible to the researcher.

[25] "Missionary Nurses at Home and Abroad," *Nurses Alumnae Annual* 1928, WGH/HSCA. These included Susie Kelsey, Mable Naisbitt, Emily Neill, Edith Howland, Irene Harris, and Kathryn Ross. The others worked with the Canadian Methodists in Szechwan, and the Anglican mission in Honan.

[26] Scott, *McClure*, 247.

[27] Muriel (Thomson) Valentien, telephone interview with author.

[28] Bio File Elizabeth (Betty) Thomson Gale.

[29] Valentien, interview.

[30] Margaret (Gale) Wightman, interview with author.

[31] Janet L. Brydon, "Opportunities in China," *CN* 33, no. 6 (1937): 272.

[32] Valentien, interview

[33] Preston, *Flowers*, 88; Brown, *History of NCM*, C: 6. Jen visited Preston and McTavish when they were under house arrest in July and "threw her arms around the doctor's neck and wept."

[34] Ratcliffe, "Foreword."

[35] Letter Brydon to "House Folks" 1938.

[36] Struthers, *Doctor Remembers*, 78-87. Dr. Struthers later joined other Cheeloo staff at the WCUU.

---

[37] C.H. Corbett quoted in Brown, *History of NCM*, XCIX: 2.

[38] Brown, *History of NCM*, C; 4-19.

[39] Preston, *Flowers*, 88-9.

[40] Preston, "Unknown Ships."

[41] Preston, *Flowers*, 90.

[42] Clara Preston, "Difficult times in China," *Canadian Nurse* 1939, Vol. XXXV No. 12, 689-90.

[43] Brown, *History of NCM*, C: 10.

[44] Preston, *Flowers*, 92.

[45] Margaret Gay, "Events in the Autumn of 1939 in Honan," undated letter. Private collection courtesy Muriel Gay.

[46] Likely Duan Mei-Qing. According to annals of the Xinxiang Medical School [formerly Weihwei hospital], the Canadians handed over the hospital unconditionally to Chinese management after the Anti-British Movement of 1939. A Chinese surgeon, doctor Duan Mei-Qing became the hospital director. Anonymous Weihui resident, correspondence with author, January 2004.

[47] Confidential Letter from G.K. King to Dr. Armstrong 26 August 1939. UCCVUA 83.058C Box 56 File 11 Series 3. Mr. Flemmings illness is not identified.

[48] Gay, "Autumn of 1939."

[49] Ratcliffe, "Foreword."

[50] Brown, *History of NCM*, C: 16.

[51] Letter from H.A. Boyd & H. S. Forbes to The Officer Commanding, Military Police Headquarters, Imperial Japanese Army, Hwaiking, 29 October 1939. UCCVUA 83.045C, Box 9 File 156.

[52] Letter Boyd & Forbes 29 October 1939: 7.

[53] Gay, "Autumn of 1939."

[54] Letter from G.K. King to Dr. Armstrong, 14 December 1939. UCCVUA 83.058C Box 56, File 11, Series 3; Margaret Gay reported meeting Dr. Chang a few months later, in West China. Gay, "Autumn of 1939."

[55] Gay, "Autumn of 1939."

[56] Goforth, "The Idol Maker," *Miracle Lives*, 32-9.

[57] Gay, "Autumn of 1939."

[58] Although it is not clear what happened to this particular group during the Sino-Japanese War, Catholic missionaries as a whole were among the last foreigners to leave China after the Communist takeover in 1949. See Creighton Lacy, "The Missionary Exodus From China," *Pacific Affairs* 28, no. 4 (1955): 301-14.

[59] G.K. King, "Events which led missionaries of the United Church of Canada to withdraw from Weihwei, Honan, October 12, 1939," UCCVUA 83.045 Box 9 File 56.

[60] Andrew Thomson, dressed in Chinese clothing, managed to remain at the small mission center of Taokow for another seven months. He left Honan in May for Cheeloo, where he officiated at the wedding ceremony of his daughter Elizabeth in September 1940. Andrew Thomson, "Report, July – December 1940." UCCVUA 83.045C Box 10 File 163.

[61] Gay, "Autumn 1939."

[62] G.K. King, "NCM Who's Who and Where," 14 February 1940. UCCVUA 83.058C, Box 56, File 12, Series 3.

[63] King, "Who's Who;" Letter to G.K. King 2 April 1940. UCCVUA 83.05C, Box 56, File 12, Series 3. Thomson was originally asked to refund ¾ of her outfit allowance to the WMS ($288.80), but this was later waived.

[64] Letter from Helen McDougall to Mrs. Hugh Taylor, 14 December 1939, UCCVUA 83.058C, Box 56, File 11, Series 3.

[65] Letter from McDougall to Taylor, 14 December 1939.

[66] Letter from G.K. King to Dr. Armstrong, 14 December 1939. UCCVUA 83.058C Box 56, File 11, Series 3

[67] King, "Who's Who; " Brown, *History of NCM*, CII: 7.

[68] Gay, "Autumn 1939."

[69] Margaret Gay, untitled, undated letter. Private collection, courtesy Muriel Gay.

[70] Gay, "Autumn 1939."

---

[71] Letter from Helen McDougall to Mrs. Taylor, 11 September 1939. UCCVUA 83.058C Box 56 File 11 Series 3.

[72] Letter McDougall to Taylor, 14 December 1939.

[73] Letter King to Armstrong, 14 December 1939.

[74] King, "Who's Who "

[75] Letter from G. K. King to Mrs. Taylor 29 January 1940.

[76] Letter from G. K. King to Mrs. Taylor 22 April 1941.

[77] Dave Shepperd, Arthur Kennedy, and Frances Kennedy Fraser, telephone and email correspondence with author.

[78] "Our Outgoing Missionaries," *The Presbyterian Witness* (6 December 1926): 5-6. UCCVUA BX 9001.A40 PS Microfilm # 25.

[79] Brown, *History of NCM*, CII: 11.

[80] Letter from Coral Brodie to Mrs. Taylor, 10 September 1940; Letter from Coral Brodie, no recipient, no date. UCCVUA 83.058C Box 58 File 8 Series 3.

[81] Dr. Mary (Struthers) McKim, correspondence with author.

[82] Letter from R. Taylor to G. K. King, 30 April 1940.

[83] Arthur Kennedy, Sr., telephone interview with author.

[84] Letter Brodie to Taylor, 10 September 1940.

[85] Letter to G.K. King from Mrs. Taylor 30 September 1940. UCCVUA83.058C Box 56 File 12 Series 3.

[86] UCCVUA BioFile Coral May Brodie.

[87] Letter from G.K. King to Mrs. H. Taylor, 18 April 1940. UCCVUA 83.058C Box 56 File 12 Series 3.

[88] Letter King to Taylor, 23 April 1940.

[89] Letter King to Taylor, 23 April 1940.

[90] Jean Skinner, telephone interview with author.

[91] Letter King to Taylor, 23 April 1940.

[92] Letter from G.K. King to Mrs. Taylor, 30 May 1940.

[93] Rev. Doug Brydon, interview;

[94] Brown, *History of NCM*, CIV: 7; Letter from Mrs. Taylor to G.K. King 26 October 1940. UCCVUA 83.058C Box 56 File 13 Series 3.

[95] Brown, *History of NCM*, CIV: 11, CII: 12; Letter Taylor to King 26 October 1940.

[96] Letter from Mrs. Taylor to G.K. King 29 November 1940. UCCVUA 83.058C Box 56 File 13 Series 3.

[97] McCasland, *Pure Gold.*

[98] "Biographical Sketch of Norman Hall MacKenzie." Norman MacKenzie Papers, UCCVUA 86.004C FA 316. While Norman MacKenzie reportedly worked in China from 1943 to 1950, it is not clear whether his wife Dorothy remained with him during this entire time. Correspondence between Dorothy and her mother indicate that she was in Szechwan between January 1948 and February 1949, however. UCCVUA 89.155C FA 316.

CHAPTER 6

FROM 1941 TO THE 1945 LIBERATION: WAR YEARS

Peace is not the absence of trouble, but the presence of God

- J. Oswald Sanders, China Inland Mission [1]

Behind Enemy Lines

By early 1941 there were no more United Church missionaries behind the enemy lines in Japanese-occupied Honan. Instead, the Canadian missionaries were spread around various "safer" areas of China, including the northern cities of Tientsin, Tsinan, Peking, and in the western province of Szechwan. In Honan, only one hospital remained open after the Canadians left. The Weihwei Hospital had been left under the care of the Chinese Church, with Dr. C. T. Tuan as Acting Hospital Superintendent. He and six Chinese nurses determined to keep the hospital running – no easy task under wartime conditions. Dr. Tuan sent a report to the North China Mission temporary headquarters in Tientsin, summarizing the hospital work of 1940. He wrote,

> Of course we have many difficulties in the war time. We are very weak both in personal and financial standpoint as you may think. All our friends left us especially [Canadian] doctors and nurses whom very important in the hospital. [We] carry on so heavy work, as ninety in-patients for several monthes [*sic*]. Again our income is so limited, we cannot do the things what we like. The beddings, sheets and clothes are wear [*sic*] off but we have no enough money to buy the news [*sic*].[2]

Dr. Tuan was optimistic, however, and "very proud" that he and his staff were able to care for as many people as they did. Indeed, the Weihwei hospital staff cared for an astonishing number of new and returning patients during 1940. In total, 9043 patients were treated (1063 of whom were in-patients), 745 operations were performed, and 58 babies were delivered. The operations included 12 appendectomies, 14 "amputation of the breast," 9 hernia repairs, 8 intestinal obstructions and 6 removals of "bladder stone[s]." In addition to providing medical statistics, Dr. Tuan described the Chinese Church's religious involvement with the hospital. For example, Miss

Yang Chin Hwa led prayer meetings and Bible class for the nurses once a week, nursing students lead morning services in the wards each morning, and Mr. Chang Tin Siu and his daughter preached in the hospital every day. Tuan measured evangelistic success in terms of how much Christian literature was sold in the hospital: In 1940, they sold 100 hymnbooks, 50 "pieces of single Bible," and 300 small gospel books, and distributed 300 sheets of "Christian lecture." Under the direction of Dr. Tuan, the training of Chinese nurses continued to be a priority at Weihwei. According to Tuan's report, four students completed their Nursing Association of China exams in 1940, and two others were seeking postgraduate education: Miss Li Kwang Ling planned to attend the Peking Union Medical College for four months of operating room training, and Miss Liu Chi'ing Lin was currently studying at Cheeloo (after which she planned to return to Weihwei as the new Head Nurse). In addition, Weihwei's Miss Fan Wen Hwa was joining Miss Jen Hwiu Ying at Changte to open a dispensary together there.

Dr. Tuan's report gives some indication of the daily routine, struggles, and priorities at the Weihwei hospital. It also marks where the Chinese Church was at in terms of meeting the oft-cited goal of becoming a self-governing, self-propagating and self-supporting.[3] That is, it was the Chinese Church in North Honan who supported the development of medical services as well as other missionary activities. When the Canadians departed, Chinese Christians stepped into the gap at the Weihwei hospital. If there was ever an opportunity for the Chinese Church to exercise more autonomy, it was in 1940. The relationship between the hospital staff and their absentee Canadian 'landlords' was, in some ways, a microcosm of the relationship between the Chinese Church and the United Church of Canada mission organization as a whole. On the surface, the Weihwei hospital appeared to be self-governing – at least insofar as Dr. Tuan was in charge and the administrative staff were entirely Chinese. It also was reportedly self-supporting. Yet, on closer inspection, it is apparent that, of the so-called Three Self's, it was only in the area of propagation that the Chinese Church was self-sufficient.

In terms of self-governance, not only was Dr. Tuan directly accountable to the absentee Canadians, his letter underscores the tacit expectation that Weihwei would continue to use Canadian, western structures. For example, despite the fact that the Weihwei staff was entirely

Chinese, and that NCM missionaries were generally fluent in the local language, Dr. Tuan wrote his report in English – the mother tongue of his Canadian superiors. In addition, most of Tuan's report centred on descriptions of medical and evangelistic achievements – proof, perhaps, of his mission-minded intentions and abilities as a superintendent. If his objective was to reassure the exiled North China Missionaries of his ability to keep the status quo, Tuan met it. Tuan's report provided a sense of relief to the missionaries, some of whom had been experiencing misgivings about leaving the field. After all, the better the reports out of Weihwei, the more the missionaries could reassure themselves that they had made a good decision by leaving their colleagues behind in a war zone. And if the Weihwei hospital blossomed under the circumstances into a self-governing, self-supporting organization, that was all the better.

Dr. Tuan's positive report gave the Canadian missionaries an opportunity to recast their sudden departure as an unanticipated opportunity for the Chinese Church mission to fulfill her Three Self mandate. In 1940 the NCM reported back to the home board that Dr. Tuan was a "capable leader."[4] The NCM reassured the homeland supporters that, while the hospital staff faced difficulties, they "know how to endure and overcome" because they were, after all, Christians. Finally, ignoring Dr. Tuan's indirect appeal for finances, the NCM report of 1940 reported that the Weihwei hospital was "caring for itself financially." Although the North China Mission advocated for Chinese success in independently maintaining mission-initiated programs, in reality the Canadian's abrupt departure actually undermined the Chinese ability to continue the programs. For his part, Dr. Tuan stood awkwardly in a cultural no-man's land, trying to meet the demands of his overextended Chinese staff, and of his absent Canadian supervisors and financiers. The Weihwei Hospital was a western institution, minus the westerners. The survival of the Weihwei Hospital would be the ultimate litmus test of the missionary enterprise in Honan.

If the Chinese Church at Weihwei was not exactly self-governing or self-supporting in medical work, it *was* self-propagating in terms of the Christian Gospel. Tuan's emphasis on evangelistic statistics reveals his belief that the mission hospital was to be used as a centre for dissemination of Christian values and beliefs in general, and of the Christian message of salvation in particular. Tuan's report is strikingly different from those by Canadian hospital administrators; the latter are characterized by a decided lack of evangelical emphasis. Since it is improbable that the evangelistic strategies noted by Tuan were new to Weihwei, the relative silence regarding evangelistic activities in the Canadian reports suggest that Canadian missionary physicians and nurses either did not directly participate in evangelistic strategies, or that evangelism was implicit. The former is more likely. That is, most Canadian nurses emphasized the professional nursing aspects of their missionary work. Although Margaret Gay used evangelistic metaphors to describe her Chinese experience ("Who needed Him more than that city full of Chinese people, most of whom had never heard His Name?"), Canadian nurses more commonly used nursing images to describe their experiences (such as Clara Preston's "We wondered if Florence Nightingale found things much worse than we did?").[5] For the most part, missionary nurses viewed their wartime practice as a practical expression of, and opportunity to deepen, their own Christian faith. Propagation of the Christian Gospel was generally the responsibility of the self-propagating Chinese Church.

From Honan to the West China Mission

After the Canadian NCM nurses were evacuated from North Honan, there was still one Canadian nurse remaining in the province. Susie Kelsey was a 1923 graduate of the Winnipeg General Hospital. [See Figure 6.1] She had been working at the Church of England in Canada (Anglican) St. Paul's mission hospital at Kweiteh for seventeen years when Canadians were advised to evacuate Honan. Other Anglican missionaries left Honan, but Kelsey decided to stay, at her own risk.[6] From "time to time" those from within the Anglican Church urged her to leave, but the Bishop had given Kelsey "full authority to leave at [her] own discretion," and she kept opting to stay.[7] Kelsey's reluctance to leave stemmed from the belief that her "local contacts are good and the work of the hospital is held in high esteem by the [Japanese] authorities and, of course, is greatly appreciated by the local community." Kelsey hoped that the Japanese would simply ignore her presence: Whereas there "might be trouble" if a number of foreigners stayed, the Japanese might overlook the presence of a single woman.[8]

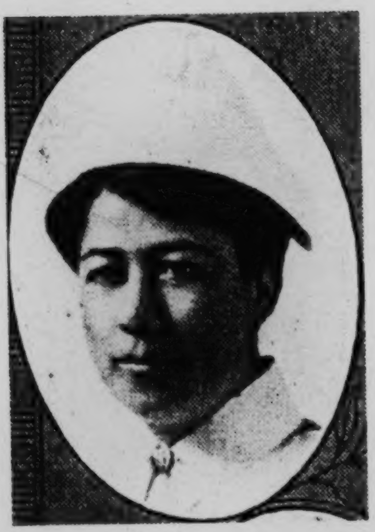


Figure 6.1: Susie Kelsey Winnipeg General Hospital 1923
"The Girls," WGH Yearbook 1923, p. 22, WGH/HSCA

Susie Kelsey was well known to the North China Mission nurses. Not only did she work in the same province, she also served on the same District Auxiliary of the Nurses Association of China. In 1940, shortly after the North China missionaries had been evacuated from North Honan, Kelsey worked closely with both Mary Boyd and Clara Preston at Kweiteh. At that time, Dr. Joseph Hsu was the only doctor at St. Paul's hospital, and had been attending to an average of 150 outpatients per day, in addition to 120 in-patients. Efforts to secure an American doctor and nurse and more Chinese doctors had met with no success. Thus, when the North China Mission agreed to send Dr. Isabelle MacTavish and nurse Mary Boyd to help out at Kweiteh in May 1940, the Anglican missionaries were delighted.[9] Mary Boyd took over teaching new students so that Kelsey could spend the requisite time with her advanced students. Mary Boyd viewed Susie Kelsey as the embodiment of an ideal missionary nurse, "bravely and successfully [carrying] the load of the busy little hospital there in Kweiteh through a year and more of very critical events."[10] Kelsey's Canadian classmates also thought highly of her. Kelsey, like a number of the NCM nurses, had acquired a reputation as a brilliant student during her nurses training, as exemplified in a poem written about Kelsey in the Winnipeg General Hospital 1923 Nursing Yearbook:

> Susie, oh! please won't you tell us
> For we have wondered in vain,
> Just where, in that small anatomy,
> You store up that bountiful brain?[11]

Susie Kelsey worked with Mary Boyd at Kweiteh for five months. Clara Preston joined them for some of that time; she was called over to help nurse Boyd back to health after Boyd became ill with "typhus, relapsing fever or malaria" shortly after her arrival at Kweiteh.[12] In October 1940 the Canadian Department of External Affairs in Ottawa advised women and children to be evacuated from occupied China. In response to the advisory, Rev. G.K. King sent a letter to Dr. MacTavish at Kweiteh suggesting that Boyd and MacTavish head to safer regions, such as Tientsin, Peking or Tsinan.[13] Boyd left Kweiteh for Peking, where she met up with her fiancé, Charles Johnson Stanley, who was studying and lecturing at the Yenching University.[14] There, Boyd and Stanley decided that this was "no time in the world's history to become widely separated and lead separate lives."[15] Mary Boyd tendered her resignation from the WMS on 17 November 1940 and married Mr. Stanley. When the Japanese attacked Pearl Harbor thirteen months later, Susie Kelsey was the only Canadian nurse remaining in Honan, at Kweiteh. Here the Japanese placed her under house arrest.[16]

After responding to the "S.O.S call to go down to Kweiteh" to care for Mary Boyd, Clara Preston agreed to help out at the West China Mission.[17] Mary Boyd's sister Dorothy had been at the West China Mission station at Chungking since January 1940, and Preston planned to join her there.[18] The West China Mission was established by the Methodist Church of Canada in 1892. After Church Union in 1925, the West China Mission (WCM) and North China Mission (NCM) became sister organizations under the umbrella of the new United Church of Canada. There were remarkable similarities between these two missions. That is, both valued educational and medical work in addition to evangelism, opened a number of main stations and outstations at cities and villages around the province, established hospitals and nursing programs, employed female nurses through a Woman's Missionary Society, emphasized educational preparation for their missionaries, and had their mission offices in Toronto. The West China Mission, however, was a larger organization. Whereas the NCM had three central mission stations in Honan (at Weihwei, Changte and Hwaiking), the WCM had ten central stations in Szechwan – seven of which had hospitals (e.g.: Chungking, Junghsien and Chengtu). And, while the NCM was only peripherally involved in university education (Cheeloo), the WCM played a major role in the establishment and operation of the West China Union University.

The West China Union University was established in cooperation with other foreign missions at Chengtu in 1910. It boasted a school for physicians, dentists and pharmacists, as well as a baccalaureate program for nurses. The WCM took great pride in the medical and nursing work around Szechwan. Between 1892 and 1937, forty-six medical missionaries, including six dentists and two pharmacists, had served the WCM.[19] In total, fifty-two Canadian nurses served at the WCM, twenty-four of whom worked under the auspices of the Woman's Missionary Society (WMS).[20] Between 1894 and 1951, Canadian WMS missionary nurses established the first health care services for women and children in southwestern China, and were instrumental in developing both diploma and baccalaureate level nursing education programs.[21] In comparison, the North China Mission developed four-year diploma nursing education at Weihwei, Changte and Hwaiking, but not baccalaureate nursing programs.

Preston headed to Szechwan in July 1940, where she was to act as Superintendent of Nurses at the WCM Chungking Hospital during the furlough of WCM nurse Irene Harris. Preston left Tientsin for Shanghai, arriving in Hong Kong as residents were making preparations for the inevitable war. Hong Kong was considered to be a natural target for Japanese bombers, so foreign women and children were being evacuated from the island. Chinese women and children, of course, had no choice but to stay. Inflation was rampant in Hong Kong. Preston was astonished to find that the cost of her flight to Chungking had gone up one hundred and forty dollars from the time she booked her ticket ("I thought it would be more reasonable to *lessen* the rate when we were going into a bombed area!)"[22] Not knowing what to expect on the mainland, Preston focused on the excitement of her first plane ride, a four-hour trip on a "beautiful moonlit night". Once in Chungking, Preston took a rickshaw ride through the streets to the river, and ferried across to the south bank of the Yangtze River to the West China Mission compound.

The West China Mission Hospital was at the top of a steep embankment – there were exactly 532 stone steps from the river to the hospital compound, then another sixty from the gate to some of the missionary houses.[23] The hospital, built eight years previous, was a four story building "with electric lights but no running water and, owing to the shortage and high cost of coal, our wards were not heated in the winter."[24] There were usually 180 to 220 patients in the hospital.[25] Dr. Stewart Allen was the hospital administrator. There was usually a "ward full" of typhoid and dysentery cases, a large children's ward and "good sized obstetrical service," but the chief work was surgery. Preston described the nurse's residence as "unusually good," but actually roomed in the nearby "Medical House" where she and Dorothy Boyd were set up with furniture, dishes and stoves.[26] Preston felt fortunate to have such a good home to live in; on the other side of the river, Chungking was very crowded with refugees. When she arrived the WCM hospital had eleven doctors, twenty-four graduate nurses and about eighty nurses in training. Some of these nurses, she was thrilled to discover, were from Honan. In fact, one of them was Preston's "first graduate nurse," with whom Preston had developed a strong friendship over the years.[27] The presence of Honan nurses helped alleviate any sense of loneliness Preston may have otherwise felt. Even so, Preston soon discovered that nursing in north China could "hardly be compared to a war-conditioned program in the West."[28] The West, she discovered, had problems all its own.

"Hell Let Loose": Japanese Air Raids

An air raid alarm sounded the day Preston arrived. For the next fourteen months, alarms continued off and on. Clara Preston found the air raid sirens nerve-racking, later recalling:

> Often a scouter plane would be seen in the morning and a warning would go up. When the planes had left Hankow, a red ball would go up . . . and the whole atmosphere told you that an air raid was expected. Then we would hear the first alarm, and everyone was hurrying to get the most essential things done, treatments completed, medicine secured, or food sent to the wards before the raid started.[29]

Frightened as she was by the air raids, Preston was also impressed by how the staff and patients learned to cope with them. When the siren sounded, the hospital staff jumped into action, canceling or hurriedly performing operations, evacuating patients from the wards, bringing laundry in off the line (where planes might spot them), and scrambling to dugouts under the hospital or up the hill. Patients from the third and fourth floors of the hospital were carried down to the main floor, from where coolies would take them on stretchers down the front ramp. Although most patients were evacuated during the air raids, some found the evacuation too strenuous: the tuberculosis patients, who were accommodated on the hospital verandah, usually preferred to stay quietly in their beds and take their chances with the bombings. Similarly, if the sirens caught nurses and doctors in the middle of a delivery or complex surgery, the staff would stay in the case room or operating room during the bombings. To Preston, crouching in a dugout during the bombing was "as if heaven was ripped open and hell let loose" (p. 104). West China missionary Rev. James Endicott later called Clara Preston "the unsung heroine of the war" because of her "constant heroism during raid after raid of Jap bombers, when she would sit by the side of patients, too ill to be moved to the shelters, to assure them that all was well."[30]

The nurses had one additional, peculiar task during air raids: changing from white to blue nursing uniforms. It was considered dangerous to wear white during air raids. The Japanese were reportedly employing Chinese men to join a crowd when a raid was on, and to be dressed in a white suit covered by a dark cloak. When the planes came, the designated man would throw off his cloak and run into the open waving a white piece of cloth to attract the plane to the spot for bombing.[31] The nurses at Chungking solved the problem of white nursing attire by "quickly changing into blue uniforms which we had specially for air raids."[32] It is curious that nurses did not wear blue uniforms *all* the time, thus avoiding the need to change. Preston apparently did not even entertain the idea; since she did not elaborate on this, her reasons for insisting on white uniforms are not entirely clear. One can surmise that the symbolism of white uniforms, caps and pins was extremely important to the nurses – not only identifying the wearers as nursing staff (vs. medical or support staff), but also indicating their relative achievement and rank, since nursing students wore different styles of uniforms based on their year in the school.

After an air raid, patients were carried back to their beds and made comfortable. According to Preston, the evacuations took a toll on everyone, emotionally, physically and materially. For example, meal preparation was interrupted since all fires were supposed to be extinguished during an air raid so no smoke could be seen, and the constant moving of patients caused a lot of wear and tear on the mattresses and bed linen. It was a very poor atmosphere for patients to recover in. Yet, Preston marveled at the way the nurses held up. She had come to Chungking expecting nurses to be "breaking down mentally and physically under these conditions."[33] Instead she found that, despite the extreme heat, routinely interrupted sleep, and unrelenting air raids, nurses focused on the task of caring for patients – both existing and new. The West China Mission Hospital was designated the Fifth Red Cross Emergency Hospital in Chungking. As such, it received cases from bombing in their own area – as many as seventy-two at a time:

> We had our staff organized into teams so everyone knew their own responsibility. As soon as possible morphia was given [to the newly-arrived casualties], emergency treatment rendered, accommodation found in the hospital and then the operating rooms made ready for the cases which needed it (p. 104).

Like Clara Preston, Margaret Gay found the air raids to be the most distressing aspect of working in West China. According to her memoirs, Gay encountered the air raids enroute to Chungking, and the bombing of southwestern China postponed her arrival in Szechwan. Indeed, it took Gay four months to travel to Szechwan, via Peitaiho, Shanghai, Haiphong (Indo-China) and Kunming [See Figure 6.2]. When Margaret Gay arrived in Kunming, Yunnan, all that was left of her long journey to Chungking, Szechwan was a one-hour airplane flight. Yet, she was delayed in Kunming for weeks, where she relied on the hospitality of two English Methodist missionary families, the Harrisons and the Evans. Gay got her first taste of Japanese air raids the day after she arrived in Kunming. The air raid warnings came while Gay was at the British Consulate with Isabel Harrison arranging for letters of permission to travel on to Chungking. Harrison and Gay hurried out along the road and, spotting an open field with grave mounds, decided to hide themselves among the graves. To their surprise, Chinese soldiers were also hiding there. As Gay later recalled, the women were placed under the guard of two bayoneted soldiers, who "made us lie down in a muddy gully, not allowing us to raise our heads" when the planes flew over.[34] Gay and Harrison were relieved to return to the Harrison's home later that evening, only to find that bombs had demolished the neighborhood. Ted Harrison met them at the street corner and together, by the light of his flashlight, the threesome "stepped along over piles of rubble, passing dead bodies here and there" before arriving at the Harrison house. There they found "walls were smashed in, windows all broken, plaster and glass lying everywhere." Many of the surrounding buildings had been destroyed, including a home for English Methodist nurses nearby. After a restless night's sleep "in any corner that seemed safe" the cook's little boy awakened them at six o'clock in the morning. The first air raid alarm of the day had sounded: "The Japs," recalled Gay, "were coming again."

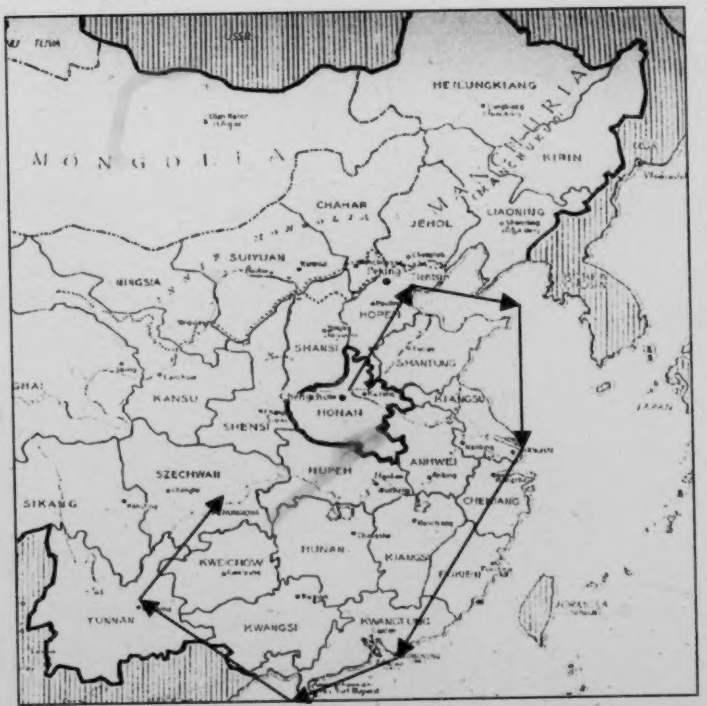

USSR
HEILUNGKIANG
MONGOLIA
MANCHURIA
KIRIN
CHAHAR
JEHOL
LIAONING
SUIYUAN
NINGSIA
HOPEI
SHANSI
SHANTUNG
KANSU
HONAN
KIANGSU
SHENSI
ANHWEI
HUPEH
SZECHWAN
SIKANG
CHEKIANG
HUNAN
KIANGSI
KWEICHOW
FUKIEN
YUNNAN
KWANGSI
KWANGTUNG
JAPAN

Figure 6.2 Map of China Showing Gay's Four-Month Journey
Source: Murray McCheyne Thomson, *A Daring Confidence*. (Author: Ottawa, 1992): 43. Originally from *A New Atlas of China*, John Day Co. 1941, drawn by Steve Fick, cartologist with *Canadian Geographic* magazine. Arrows delineating Gay's journey added.

The air raids were relentless. According to her memoirs, Gay spent her days "dodging air raids" and shopping for flashlight batteries – the only means of lighting – and food.[35] One night there was nothing to eat but soda crackers and clear tea. Gay grew somewhat accustomed to the air raids; running from the city after the siren sounded, hiding in rice fields and under bean stalks, covering her head with a steamer rug when a pistol shot indicated the planes were almost overhead, and then returning to Kunming to "see and hear of the terrible things" that had happened. Finally Gay was able to arrange for a flight to Chungking. She got as far as waiting on the airfield to board her plane, but at the last minute was turned away; the plane was overloaded. Although she was disappointed, Gay would later report that her delay was divinely-inspired: God allowed her to be delayed so that she would be available to nurse Mr. Albertson, the only other United Church of Canada missionary in the province of Yunnan. Albertson had become ill while in Haiphong, where he had been arranging for the transport of missionary luggage and large pieces of furniture to the West China Mission. When Gay returned to the Evans's home after being refused passage on the airplane, she found Mr. Anderson lying on their living room couch "not being able to walk up to the bedroom he was meant to occupy upstairs." Albertson had developed an infection from sunburn on his ankle, and was running a fever of 105 degrees. Gay decided on the spot to postpone her plans another two weeks in order to nurse him. That same evening, a visiting physician diagnosed Albertson with "malignant malaria," from which he was not expected to survive. Margaret Gay and two Chinese nurses stayed by his side through the night. At 5 a.m. Albertson passed away. To Gay, this experience proved that God was in control of her destiny and that, regardless of how frustrating and unpredictable her circumstances might be, she could rest assured that God would steer her to situations where she could best fulfill His plan for herself and for others. She was, as it were, a tiny thread in an immense divine tapestry – not clear on the whole design, but confident in the Designer. It would give great comfort to Albertson's family, Gay believed, to know that a fellow Canadian was by his side when he died. Gay stayed at Kunming for a couple more weeks under constant threat of bombing, until finally she was able to board a plane for the one-hour flight to Szechwan.

Reunion at the West China Mission

After her grueling journey from north China, Margaret Gay was reunited for a few days with her North China Mission colleagues Dorothy Boyd and Clara Preston at Chungking. Soon afterwards Gay made the four-day journey (by bus, truck and coal cart) to the West China Mission station at Junghsien, where she was to take charge of the WCM hospital. For the next few months Gay worked at WCM hospitals at both Junghsien and Chengtu – rooming with veteran WCM nurse Caroline Wellwood when at Chengtu. As isolated as Szechwan was from the rest of China, it was not peaceful. Besides dealing with air raids, the nurses discovered that both human and material resources were expensive and in short supply. Of immediate concern to the missionaries was the high cost of fuel, used for heating and cooking. WCM missionary Winifred Harris wrote to the Church offices in Toronto in November 1940 with her concerns:

> With fuel the price it is to-day one wonders what one ought to do. I tried to cut down here by buying less than half the amount we usually buy, and by doing without fire in the office. I bought a Chinese fire basket and determined I was going to make that do for the winter, but the very first day I used it I got a chill that sent me to bed for a few days, so I decided it didn't pay.[36]

Although Margaret Gay later recounted that "we had a very happy time" at Chengtu and that her period at Junghsien was "one of the happiest times I had ever spent in China," she did have difficulty adjusting to the rigors of wartime work in Szechwan.[37] According to a letter sent by WCM Field Secretary Adelaide Harrison to the WMS headquarters in Toronto in February 1941, both Margaret Gay and Clara Preston struggled with wartime conditions:

> Misses Preston and Gay are finding conditions in our hospitals vastly different from Honan where they had ample supplies of all kinds to work with. Here after three and a half years of war, transportation difficulties, [and] soaring prices, our hospital supplies are almost down to rock bottom which makes effective medical work, particularly in the nursing department, very difficult. Also, we do not have modern conveniences like running water and central heating . . .[38]

Reports that Gay and Preston were struggling must have been surprising, considering that they had experienced their share of challenges over their decades in China, and had successfully adjusted to primitive and chaotic working conditions in northern China the past. On the other hand, although experience and tenacity were valuable missionary attributes, so was the physical vigor commonly associated with youth; compared with the other NCM nurses, neither Preston nor Gay was young. Preston was now 50 years old, and Gay was 55 [See Figure 6.3]. In addition, Margaret Gay never did receive her planned four-month furlough in Hong Kong, and West China certainly did not offer relief from the "dearth in fuel and table niceties" that had reportedly "exhausted" her in Tientsin.[39] While it is difficult to imagine that Preston and Gay expected wartime Szechwan to offer any luxuries, they evidently were not expecting the situation to be a dire as it was. Neither, it seems, was Dorothy Boyd. By June 1941, both Boyd and Gay made plans to return to Canada.

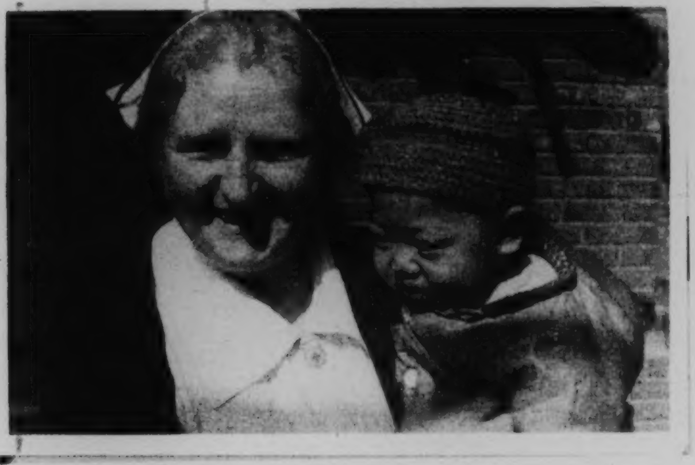


Figure 6.3: Margaret Gay With Refugee at Tientsin, 1940
UCCVUA 76.001P-2114

Departure of Dorothy Boyd and Margaret Gay

On 6 May 1941 Dorothy Boyd wrote a letter of resignation to Adelaide Harrison, the WMS Field Secretary for West China. It read,

> For personal and family reasons I find that I shall have to put in my resignation to the WMS and go home in June when my parents sail. My father has already fixed [a] sailing date for me on the Pres. Coolidge leaving Hongkong on the 14th of June, and I have booked a seat on the CNAC plane leaving Chungking on June 6.[40]

Dorothy Boyd's resignation came as a complete surprise to the WMS – if not to Boyd herself, who wrote, "I am sorry that I have to spring this thing so suddenly, but I did not know myself until yesterday." While Boyd did not articulate her specific reasons for resigning, the wartime conditions and imminent departure of her parents to Canada for furlough undoubtedly influenced her decision. In addition, the Canadian government had again issued an order for women and children to leave occupied China. Although the Boyds were in Free China, the war was escalating elsewhere; Canada was safer. There may have been an additional compelling reason for Dorothy Boyd to return home: According to NCM missionary Margaret Brown, Dorothy Boyd returned to Canada to be married to Phillip Johnston.[41] Although Boyd did not mention marriage in her resignation letter, she did marry Johnston within four months of her return to Canada.[42] Whatever her reasons for resigning, Boyd was still a year away from the end of her three-year contract – a matter that irritated the WMS West China field missionary Adalaide Harrison. Since Boyd had already made travel arrangements, Harrison felt forced to "accept the inevitable," leaving it up to the mission office in Canada deal with Boyd's broken contract.[43]

At about the same time as Boyd's resignation, Margaret Gay made the sudden decision to return to Canada "at once" to help care for her sisters.[44] According to the Foreign Mission Executive Secretary Mrs. Ruth Taylor, one of Gay's sisters "is finding it impossible to carry on at home without [Gay] because of the continued illness of her other sister."[45] In the past, Gay had taken seriously her obligations to ill family members (for example, nursing her father through an illness before returning to China after her nurses training in Vancouver); this was no exception. Gay left Junghsien by sedan chair, traveling four days over the mountains to Chengtu, then traveled with a mail truck driver for two more days to Chungking, before flying to Hong Kong ("I had not the slightest sense of fear; I had made so many strange journeys throughout the years)."[46] Whereas the trip to Chungking had taken four months, the return trip from Chungking to Hong Kong took only four days. She sailed for Canada on 14 May 1941.

The Woman's Missionary Society was sympathetic towards Margaret Gay. They tried to find ways to bend the rules to accommodate her needs. Since Margaret Gay recognized that she could be "detained at home for a matter of possibly three years," the NCM secretary G.K. King directed her to request a leave of absence from the WMS "on account of home conditions" rather than resigning; this way the Board would agree to pay her full travel home.[47] Margaret Gay reached Toronto in July 1941, after having spent some time with her brother and father on the coast of British Columbia. Although the records are vague regarding the nature of her sister's illness, according to Gay's niece, Margaret moved to Toronto to help her older sister Elizabeth care for Jessie, who had epilepsy – a stigmatized condition that was kept discreet even within the family.[48] None of the four sisters in Margaret's family ever married (one died young); Elizabeth, a teacher, cared for Jessie. Elizabeth's appeal for help from Margaret came at an auspicious time; conditions in West China were unbearable. Responding to a genuine need at home legitimized Gay's abrupt departure from China, and the WMS honored her request for a three-year leave. Gay's thirty years of service to the North China Mission did not go unrewarded: In September 1941 the WMS generously granted Gay a four-month furlough, a three-year leave of absence, and also agreed to bear the expenses of her travel home.[49] Despite their generosity, however, Gay was now without an income. In Toronto, she moved into the nurses' residences at the Toronto General Hospital, and put her name in at the Registry of Nurses for work in Ontario. Later, she moved with her sisters to Victoria, where they lived together until Jessie's death, in 1946.[50] Gay's leave of absence was later extended indefinitely, and lasted until her retirement from the WMS on 12 August 1951.[51]

The WMS was not as generous with – or as sympathetic toward – Dorothy Boyd. After Boyd's abrupt departure, there was some confusion over the length of her appointment; had she fulfilled the terms of her three-year contract? By the time she resigned, Boyd had only been on Chinese soil for two years. Yet, since she had been appointed by the WMS in 1938, Boyd was actually closer to the end of her contract than the WMS field secretary in West China may have realized.[52] Unfortunately, Dorothy Boyd was the third of three new recruits to quit early. Mary Boyd, Dorothy Boyd and Elizabeth Thomson had each been given reduced contracts as a way to attract them to China. Instead of the usual five to seven-year commitment, these women were given three-year contracts. Both Mary Boyd and Elizabeth Thomson had broken their already-shortened contracts to marry. Dorothy's unexpected resignation compounded the disappointment felt by the WMS secretaries. Since the WMS was only responsible for a missionary's travel and outfitting costs if contract terms were met, Dorothy Boyd was required to reimburse the WMS $195.00. Her sister Mary, however, had her incurred expenses waived, since Mary's husband was a student. [53] It seems that the WMS was not beyond bending the rules, but in the case of Dorothy Boyd, held steadfast to them. Finding replacements for Dorothy Boyd and Margaret Gay proved to be an impossible task.

With the departure of Dorothy Boyd, the Woman's Missionary Society in Toronto hoped Janet Brydon would be able to go to West China. Brydon was agreeable to this; she was not enjoying her time as a home missionary at the WMS Hospital at Smeaton, Saskatchewan [See Figure 6.4]. According to Brydon's nephew, the working conditions at Smeaton were "very bad; primitive."[54] All through 1941 Brydon made it clear to the WMS that she was anxious to return to China. Sending Brydon seemed the perfect solution to the shortage created by Boyd's departure, and to Brydon's dissatisfaction with her home mission assignment. Much to everyone's surprise, however, the West China Mission gave an "unfavorable recommendation" to Brydon in June 1941 because of her hearing problem. [55] Their concern was not so much her disability as the fact that hearing aid batteries would be unavailable in Szechwan. Undeterred, the North China Mission field secretary began looking into other openings in China for Brydon. Rev. G.K. King requested that the NCM Interim Committee consider sending Brydon to Nanking, where the need for nurses was deemed urgent.[56]

Figure 6.4: Janet Brydon, Home Missions Portrait c. 1941
UCCVUA 76.001P-705

By September 1941 an "Interim Committee" determined that prospects for Brydon did not look promising at either Nanking or Cheeloo. "Perhaps in 1942," they ventured.[57] Having had enough of the heavy work and "different conditions" at Smeaton, Brydon requested a one-year leave of absence.[58] She preferred to wait for an opening "in her own line of work in China" rather than "trying to adjust herself to the very difficult situation in our Home Mission hospitals." On 3 December 1941 the North China Mission secretary wrote that he would be "be glad to welcome Miss Brydon back; there is an abundance of work awaiting her," but that "general conditions [in China] now are so uncertain and menacing that we cannot assume the responsibility for asking her to come now."[59] Brydon was disappointed. Not one to shy away from hard work, Brydon's heart was nonetheless not in just *any* kind of nursing practice; it was to be China or nothing. While Brydon waited, news of the extreme need for nurses in China kept coming. For example, the Student Christian Movement of Canada had recently advertised a need for missionary nurses to China in the *Canadian Nurse* journal.[60] Not only was there a need in Szechwan, Nanking and

Cheeloo, but also at the Canadian Anglican Mission hospital at Kweiteh, Honan where Susie Kelsey was still working. Perhaps Brydon could work there?[61] Any hope that Brydon might have held of returning to China was dashed on 8 December 1941.

Reverberations from Pearl Harbor

On 3 December 1941 Rev. G.K. King wrote a letter to Mrs. Ruth Taylor describing, among other things, the location of some of the Canadian nurses.[62] As Secretary of the North China Mission, Rev. George K. King wrote most of the mission reports. He kept in close contact with Mrs. Taylor, the WMS Foreign Mission Executive Secretary, who was in turn responsible for overseeing and coordinating all WMS missionaries in the various mission fields, including Korea, Japan and China. It was not unusual for King to write two or three letters in one week to Taylor. His letter of 3 December 1941, however, would be his last from China. He would not write Taylor again until two years later, from aboard the repatriation ship *S.S. Gripsholm*.[63]

In this 1941 letter, King took stock of the location of various missionaries, including three mishkids who were former NCM nurses: Mrs. Georgina (Menzies) Lewis was enroute to visit her mother, Mrs. D.G. Menzies, in Tsinan. Georgina's sister Mrs. Jean (Menzies) Stockley had been in Sian, where she and her husband occasionally took in refugees, but was now in England.[64] Mrs. Elizabeth (Thomson) Gale was with her husband at Cheeloo, where she "continues to carry nursing responsibility in the hospital [and] she is in charge of the private patient ward."[65] Elizabeth Gale had given birth to a daughter the previous July, and had recently returned to work part time. "Dr. and Mrs. Gale and family," wrote King, were "looking hale and hearty and healthy." Four days after Rev. King wrote this letter, Japanese planes dropped bombs at Pearl Harbor, Hawaii. War was declared on 8 December 1941, and foreigners in Japanese-occupied China immediately became "enemy aliens."[66] All correspondence between China and Canada stopped.

News of the Japanese attack on Pearl Harbor reverberated through the United Church Offices in Toronto, giving "the [mission] board secretaries some of the most anxious days of their years of service."[67] Twenty-five United Church missionaries, including nine from the North China

Mission, were in Japan, Korea and occupied China, and an additional eleven single women, including Dr. Margaret Forster, were on the ocean enroute to or from their respective fields. It was not until February that the mission learned through the International Red Cross that all the NCM missionaries were safe and well. Dr. Forster, having unwittingly observed the attack on Pearl Harbor, made it safely home from Honolulu. Nine remained in occupied China: Rev. and Mrs. G.K. King (Peking), Miss Bertha Hodge (Tientsin), Miss Winifred Warren (Shanghai); Dr. G. Struthers, Rev. A. Thomson, Mrs. D.G. Menzies, Dr. MacTavish and Rev D.K. Faris (all in Tsinan).[68] Dr. Godfrey and Elizabeth Gale were also at Tsinan, with the London Missionary Society. Clara Preston was the only Canadian missionary nurse in China under the auspices of the North China Mission after Pearl Harbor.

Few documents exist from the North Honan Mission from the period between December 1941 and April 1946. In the months leading to Pearl Harbor, there was the usual flurry of correspondence between Rev. G.K. King and Mrs. Ruth Taylor. Then, silence. Reasons for the dearth of documents are likely related to the extremely dangerous situation in China. For example, Dr. R. Gordon Struthers reported to the *Globe and Mail* in 1942 that the missionaries "dared not keep diaries and were nervous about writing anything at all, since Japanese police are apt to walk into their homes at any time."[69] Other missionaries were reluctant to talk about their life under Japanese dominion "for fear of reprisals against those left behind." Some, like Peter and Helen (Turner) Nelson, were advised to destroy all personal letters before they left China.[70] Even Margaret Brown's *History of the North China Mission* – a meticulous, 1500-page unpublished opus – contains less than 30 pages on the period between 1941 and 1945.[71] One "brief confidential message" written by Rev. G.K. King on 19 May 1942 was smuggled out of China by an American being "repatriated" (i.e.: released by the Japanese, and returned to America via ship). In it, King gave an update of the situation at NCM sites after Pearl Harbour:

> At 8.15 Dec. 8th received news state of war existed. Pastor Liu C.C. [Chinese Church] and Messrs. Hu and Kuo (Taokow) were in compound. They departed forthwith. At 10 a.m. were courteously informed of new conditions and confined to compound one week, since when have enjoyed normal life within limits of city walls . . . [Cheeloo] University disbanded Dec.8 the hospital closed three weeks later, radium etc. commandeered.[72]

In the same letter, King also gave an update on Weihwei. "Weihwei Hospital," he wrote, "continues to serve whole area, self supporting and helps provide maintenance of pastors and evangelists who continue labour with unabated zeal." After 8 December the Japanese required that all missionaries register with them their personal and mission property. "Great pressure" was placed on them to sign all property away to the Chinese Church.[73] Rev. G.K. King reluctantly signed over the Canadian property under his care in Tientsin, including two motorcars, "drugs, radium, portable x-rays and the bloodless knife" the missionaries had brought with them from the Hwaiking hospital – albeit with a clause stating that his decision would have to be endorsed by the Canadian Church. This was the last record pertaining to North China Mission hospitals until after the war.

Left Behind

The sole NCM nurse in China during the post-Pearl Harbor period was Clara Preston, in Szechwan. However, there *were* a number of Canadians directly associated with the North China Mission who were in northern China after Pearl Harbor, including Elizabeth (Betty) Thomson Gale, Mary Boyd Stanley, Georgina Menzies Lewis and Susie Kelsey.[74] These nurses became "prisoners of war" in civilian internment camps, as did Eric Liddell, the husband of Canadian nurse Florence MacKenzie Liddell.[75] While a full examination of these nurses' experiences during the war is beyond the scope of this study, their experiences deserve mention here since each had a close association with the North China Mission: Susie Kelsey worked closely with the NCM in Honan; the other four Canadian nurses were NCM mishkids, born and reared in North Honan.

Immediately after Pearl Harbor, foreigners were placed under house arrest. At Cheeloo University in Tsinan, Shantung, Betty Gale went to work at the hospital "as usual" at 7.30 a.m. on 8 December 1941 to examine student nurses for their registration exams.[76] After a couple of hours, Gale headed home in order to nurse her daughter, Margaret. According to her diary entry that day, when Gale arrived at the university campus gates enroute to her house,

> a lorry [was] unloading dozens of [Japanese] soldiers – all armed to the teeth. Then, following a shouted command they proceed to march into the Campus. I have a moment of wild panic – war must have been declared.[77]

The Campus gates clanged shut behind her, temporarily separating Betty from her husband Godfrey, who was also working at the hospital. The Japanese immediately informed the campus personnel of their plans. Betty was told that,

> The university is to close immediately. No new patients may be admitted into the hospital – and as soon as the patients now there are better – the hospital will also be closed. Doctors and nurses will be "convoyed under guard" between the Campus and the hospital. Our servants may not leave the Campus – and *we* will do the necessary shopping, always with a guard. We must carry a "pass" at all times.

The Japanese authorities had immediately closed down clinics at Cheeloo, where Dr. Gordon Struthers had been caring for fifty outpatients per day. Dr. Struthers later reported that guards armed with bayonets marched behind him whenever he moved between his home and the 180-bed hospital.[78] The last inpatient was discharged by mid-January, at which time the Cheeloo University Hospital was closed, although Dr. Godfrey Gale managed to smuggle some instruments and medicine out afterwards.[79].

The seventy foreigners at Cheeloo were initially allowed to remain in their own homes. Among these were the five NCM missionaries, Dr. Isabelle MacTavish, Mrs. D.G. Menzies (mother of nurses Jean Stockley and Georgina Lewis), Rev. Andrew Thomson (father of Elizabeth Thomson Gale), Dr. R.G. Struthers and Rev. D.K. Faris (husband of Marion Fisher Faris).[80] Dr. MacTavish wrote a letter to Clara Preston on 2 February 1942 from Tsinan, noting that Georgina Menzies Lewis had just given birth to a baby girl via a caesarian section – her second – at Chow Ts'un, a community two and a half hours by train from Tsinan.[81] The missionaries were anxious to get news of each other, and passed along any snippets they received. Yet, since mail service was frequently interrupted, the information was not always accurate. For example, on 26 February 1942 Clara Preston wrote to Annie Waddell [Dr. MacTavish's sister in Manitoba] that Mrs. D.G. Menzies and her daughter Georgina were living with Dr. MacTavish in Tsinan. Concerned about how Dr. Isabelle MacTavish was coping since the Cheeloo hospital had been closed, Preston remarked, "She will have Georgie Menzies' two children to help look after [at Tsinan] and that she will enjoy."[82] In actuality, Georgina Menzies was not in Tsinan, but at Chow Ts'un.

On 6 April 1942 the group at Tsinan was required to vacate their private homes and move in together in two rows of houses on the campus. The group filled their days with ordinary tasks, such as buying food (accompanied by a Japanese guard) and tending to a garden [See Figure 6.5]. Although no longer allowed to practice medicine, according to Betty Gale's diary a few doctors and nurses would meet together "for an experimental prayer-circle for spiritual healing of sickness among our own community, and such Chinese as we are able to contact outside the Campus." [83] The group planned to keep track of the illnesses, and make an attempt "to discover the conditions necessary for the spiritual healing of sickness – its scope and limitations." While no conclusions were drawn, their experiment gives insight into the philosophy of medicine that guided the Gales and their medical compatriots, as well as their desire to somehow assist the ill – even when there were no facilities or resources available to do so:

> Rather than pray for direct physical healing, I [Godfrey] would prefer to pray that each sufferer should find God's Will for himself – or herself – in the particular circumstances in which they are placed – for this is ultimately a higher objective than to seek simply for relief from physical disability.

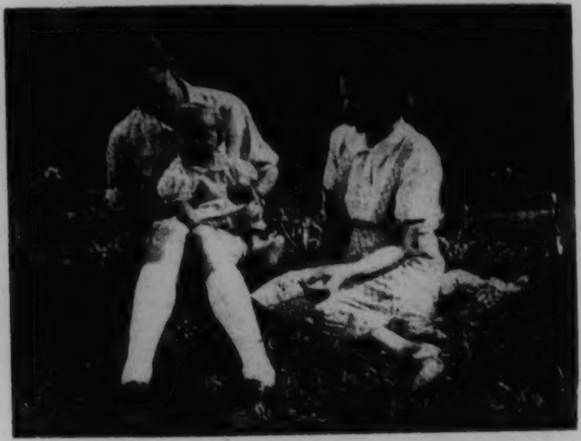


Figure 6.5: Godfrey, Betty and Margaret Gale at Cheeloo, May 1942

Private collection, courtesy Margaret Gale Wightman

After a few months of living under house arrest, word came that "Americans" (those living in North and South America) were to be repatriated home. On 12 June 1942 Betty Gale attended a farewell party for all those who were leaving, including her father Rev. Andrew Thomson and the four other NCM missionaries. It was one of a number of farewell parties around the campus gardens that week, where members of the group sang songs, put on skits, and shared in the sacrament of the Lord's Supper. After the group left, Betty felt "glad for them – but very sad for ourselves – and 'left behind.'"[84] Betty Gale was the only Canadian left at Tsinan.[85] Although Betty did not explain in her diary why she opted out of leaving with the other Canadians, her daughter Margaret has suggested it was because, as English citizens, neither Godfrey nor Margaret would have been allowed to leave China.[86] Even had Margaret been allowed to leave with her, Betty refused to leave her husband. As Godfrey later wrote, "Betty put her foot down and refused to return to Canada."[87] It was a decision Betty later questioned – if only temporarily – writing on 20 August 1942, "Oh, should I have taken [Margaret] home when the Canadians left?"[88]

On 25 August 1942 the five repatriated NCM missionaries arrived safely in Montreal. Rev. Thomson, Mrs. Menzies, Rev. Faris, Dr. MacTavish and Dr. Struthers had been brought to Shanghai, where they boarded the Italian liner *Conte Verde*. On arrival at Lorenco Marques [Maputo, Mosambique] they were exchanged for Japanese prisoners in Europe, and then embarked on the Swedish "diplomatic ship" the *S.S. Gripsholm*.[89] United Church foreign mission secretaries Dr. J.H. Arnup and Mrs. Ruth Taylor met the group and brought them to the United Church Office in Toronto where they were met by some one hundred church leaders and friends [See Figure 6.6].[90]

Mrs. Ruth Taylor greets Mrs. D. G. Menzies, missionary and mother of three missionary daughters.

Figure 6.6: Mrs. Ruth Taylor Greets Mrs. D. G. Menzies
Toronto Globe and Mail, 28 August 1942
UCCVUA83.058C Box 56 File 15 Series 3

In Tsinan on 13 July 1942, Betty Gale wrote in her diary of her excitement to find out that the remaining missionaries were to be repatriated back to their homelands. Most of the foreigners at Tsinan were "wildly happy' – although some were "mildly depressed" at the thought of leaving their adopted country.[91] Three days before their departure the group was told to sell all their furniture to the Chinese. The Gales set their belongings out on their front lawn for a yard sale. Although they made little money, they were not terribly concerned ("Who cares? In three days we will be *on our way home*!"). On 10 August the Tsinan group boarded a train for Shanghai. There they were taken by bus to the Columbia Country Club – a formerly very exclusive club for wealthy British residents. Trainloads of foreign refugees arrived at the club, ninety percent of whom were missionaries. In Shanghai, the Gale's excitement turned to despair after receiving the news that only seven of those from the Tsinan area were included on the list of those to be repatriated; the Gales were not among them. Betty wrote, "So here we are – for the duration, whatever that may be." A total of 350 people lived together at the "country club" internment camp for the next seven months, under cramped and difficult conditions.

Prisoners of War

By March 1943 the Japanese had decided to move "enemy aliens" into large internment camps. From the Japanese point of view, the idea of internment made sense. Keeping thousands of people under house arrest in the major cities of North China required too much time, money, and effort.[92] On 13 March 1943, the Gales were moved from the Columbia Country Club to a concentration camp at Yangchow (by the Grand Canal) and then, the following October, to a camp at Pootung [Pu-dong], across the Whampoo River from the famous Shanghai Bund. They remained at Pootung until the end of the war – being finally released on 1 September 1945.

In March 1943 other remaining Canadians were also transported to internment camps. Susie Kelsey (Anglican - Honan), Rev. and Mrs. G.K. King (NCM - Peking), Bertha Hodge (NCM - Tientsin) and Eric Liddell (London Missionary Society -Tientsin) were among those transported from various locations in northern China for internment at the Weihsien [Weixian] Camp in Shantung province.[93] Georgina Menzies Lewis and Mary Boyd Stanley also became civilian internees, although it is not clear where.[94] Weihsien Camp was comprised of a large compound surrounded by a tall gray wall, whose corner turrets served as guard towers, with searchlights and machine guns. Over the course of ten days in March 1943, six groups of "enemy nationals" from three different cities were transported to Weihsien.[95] The total camp population was 1800, including Canadians, British, Dutch, Americans and Belgians.

Susie Kelsey was among those who had been kept under house arrest prior to being imprisoned at Weihsien. After Pearl Harbor, the Japanese allowed the Anglican hospital to continue to function, but Kelsey was confined in her own home for over a year. She became lonely and isolated. The move to Weihsien camp in March 1943 was, therefore, paradoxically exciting for Kelsey. She later explained in a letter to the *Canadian Nurse* journal that "the busy, complex society [at Weihsien] was a great contrast to my loneliness and isolation in the interior and, in spite of various discomforts, I quite enjoyed the change.[96]

The Weihsien Camp was in the former Civil Assembly Centre at Weihsien, Shantung. The centre was itself a former American Presbyterian compound established in 1883. Inside an area of about one city block were school buildings, a church, some 400 individual rooms, and a hospital. Japanese officers and guards now occupied the five large western-style missionary houses.[97] According to the letter written by Kelsey to the *Canadian Nurse* journal, the Japanese provided food and accommodation, but the internees themselves undertook all the internal organization and work of the camp. Before long the internees had organized three kitchens, schools for the children, adult classes, religious services (half of the camp were missionaries), baseball matches and concerts. The health of the camp was important to the doctors and nurses interned there. Kelsey reportedly found her niche in this area. The hospital had been "one of the finest in North China" before the war. Now, the heating system and water pipes had been ripped out, all the surgical furniture and equipment had been removed, and dirt and plaster covered the floors. Kelsey and the others were given the use of the first floor, but the upper two stories were to be used as dormitories ("and were occupied by Dutch priests").[98] The hospital was cleaned up and stocked with supplies brought into camp by nurses and doctors from Peking and Tientsin who had been able to rescue them from their own hospitals. According to Kelsey's letter, sufficient beds were available, but patients had to bring their own mattresses and bedding, which meant "friendly neighbors had to rally around to carry the patient, on a stretcher or chair, with his roll of bedding from his dormitory to his hospital bed." The hospital, she wrote, was staffed by a number of doctors and nurses "who had ignored consular advice to leave China before the war broke out." The hospital superintendent and nursing superintendent were both from the Peking Union Medical College. Almost all the nurses had held executive positions in Chinese hospitals and "we now enjoyed the chance to do humble nursing" including, visiting the less seriously ill in the dormitories, working in outpatient clinics, the laboratory, the pharmacy, or the hospital wards. The hardest worked were the nurses in charge of the combined operating and labour room, who not only had to prepare and sterilize supplies, but also had to wash all the linen afterward. Eight babies were born in the camp during the six months that Kelsey lived there, including a "fine set of twins."

Susie Kelsey was released from the Weihsien Camp in September 1943. She was with Rev. G.K. and Mrs. King on the second repatriation ship to North America (the *S.S. Gripsholm*).

They spent ten weeks at sea before arriving in New York on 1 December 1943. In a letter written from the *Gripsholm* on 2 November 1943, Rev. G.K. King clarified why he had included Kelsey in his original cable to Canada notifying the NCM of their release, indicating the relationship between Kelsey and the NCM:

> I think you would recall – or someone from Honan could remind you – that Miss Kelsey was a nurse of the Ch. of Eng. in Canada resident at Kweiteh, and that is was with her that Dr. MacTavish worked for a year. Miss Kelsey desired to be included in our cable.[99]

Kelsey felt a certain kinship with the North China Mission. She was, after all, the last Canadian nurse to leave the province of Honan, and had forged relationships with the other Canadian nurses in the province. Kelsey's affinity for the United Church missionaries would come to the fore in 1945. That year Kelsey, eager to return to China, expressed a desire to join those Canadians returning to the West China Mission. In response, the Missionary Society of the Church of England in Canada (Anglican Church) gave permission for Kelsey to be seconded to the United Church Woman's Missionary Society for work as a nurse in West China. The Woman's Missionary Society began to make arrangements for Kelsey's travel and inoculation.[100] Apparently Kelsey changed her mind after VJ day in 1945, however, when Kweiteh again opened up.[101] Rather than heading to West China, Kelsey returned to St. Paul's hospital in Honan, where she worked alone for almost two years before being joined by her former colleague Mary Peters.[102] Kelsey remained at Kweiteh until the Communist takeover in 1949.[103]

When Susie Kelsey and the Kings left Weihsien Camp on the second repatriation ship in October 1943, they left behind Bertha Hodge and Eric Liddell. Miss Hodge was reportedly well when the Kings left ("a little thinner – as we all are – but as cheerful, self-denying and full of good works as ever").[104] Diplomats continued to work toward further prisoner exchanges via the *Gripsholm*, and the hope of leaving Weihsien sustained those remaining. Eventually winter set in, and imprisonment stretched on for another sixteen months. By February 1945 Eric Liddell was exhausted, and Annie Buchan, a nurse from Siaochang, insisted that he be hospitalized at the camp. On 11 February 1945 Liddell suffered a small stroke that left him with a slight limp and a strange cast in one eye. He was diagnosed with a possible brain tumor.[105] On 21 February he typed a letter to his wife Florence, back in Canada, "Slight nervous breakdown. Am much better after a month's rest in hospital. Doctor suggests changing my work . . . Special love to yourself and children" (p. 280). That same evening, Eric Liddell – former Olympic gold medallist, long-time missionary, husband, father and the later subject of the Academy Award-winning movie *Chariots of Fire* – died at the Weihsien Camp hospital. Because of war-related communication disruption, Florence did not actually hear of her husband's death until two months later, when Rev. G.K. King and Rev. Armstrong of the North China Mission delivered the news in person, on 2 May 1945.

All of the North China missionaries remaining in China after Pearl Harbor survived the war. However, since Eric Liddell was like a member of the NCM family, the mission mourned his loss. Liddell had developed relationships among Florence's China friends and nursing colleagues, and relied on their help during the war. For example, in 1942 Liddell had sent two letters to Clara Preston from Tientsin, where he was on house arrest at the British Concession. He hoped Preston would be able to send along news to Florence via Ruth Taylor at the United Church office in Toronto; Preston had more access to international mail services than he did. In the first letter, on 23 January 1942, Liddell described the conditions at the concession, where he lived with the other foreigners.[106] A week later, on 1 February 1942, Liddell wrote again to Preston. This time he had a specific message of encouragement to pass along to his wife:

> [Let Flo know] how fortunate I am . . . There are some simple thoughts that I thought Flo might like just to get a right attitude to all that happens so that we can in all circumstances live on 'top of the world:' "All things work together for good to them that love God" . . . "My grace is sufficient for thee, for my strength is made perfect in weakness" . . . Everything I ought to do, I have strength given to me to do. I know it isn't easy for Flo not to be anxious; perhaps these will give a way to overcome anxiety.[107]

Eric Liddell recognized and relied upon the strong bond between NCM nurses and his wife Florence. Theirs was a sisterhood that he, as a China missionary, understood. [108]

Clara Preston - The Last NCM Missionary Nurse in China

By the summer of 1941, when the NCM missionaries in occupied China were interned, Clara Preston was the only remaining NCM missionary nurse in China. While Preston mentioned the death of Eric Liddell in a letter written in 1945, she did not discuss the internment of missionaries in her memoirs, or in her letters to the *Canadian Nurse* journal. The situation at Chungking, it seems, demanded her full attention. One of Preston's responsibilities at the WCM hospital at Chungking included teaching in the nursing school. The Chungking nursing school was mostly comprised of female students who had started their studies in other parts of China – which complicated their training. For example, only four of the twenty students in one class were from Szechwan. The newcomers from Hong Kong found it difficult to adjust to Chungking because they were used to a higher standard of living and more up to date hospitals. In addition, some of the new nurses lacked knowledge of Mandarin, making it harder to fit in with the work at Chungking.[109] Furthermore, food was expensive – the price had risen from $6 per month to $60 per month for nurses during Preston's first six months – and malnutrition had elicited anemia among the students.[110] Finally, it was difficult to obtain supplies. Books, formerly bought in Shanghai, were no longer obtainable. Neither were drugs and equipment. In response, the pharmacy department at West China University in Chengtu was producing "useful drugs made from native products." [111] As a result of the difficult conditions at the school, only five out of the class of twenty-eight finished their program in 1942.

Preston did not like the school principal. When he left in April 1941, Preston wrote to Mrs. Taylor that, "We have lost our principal of our Training School – for which we are *thankful*."[112] Dr. Stewart Allen became the acting principal, which pleased Preston because, "he has a marvelous disposition, unbounded energy and [is] very good in surgery." Besides, Preston and Allen had both graduated from McGill University in Montreal; "it is a bond between us." When a new principal for the nursing school arrived in March 1942, Preston was impressed. He was a graduate "from one of the Hankow mission hospitals" and had been the First Vice President of the Chinese Nurses Association for many years. [113] As such he had a "wide acquaintance among the government officials so is a big help with linking us with the Educational and Public Health Departments of the Government." According to Preston, he was strict with pupils, but was also good to them and "always seeks their best interests." Upon graduation, the Chinese government conscripted nurses into a year of public health, military service or Red Cross work. The hospital was allowed to keep only fifteen percent of their graduates, which contributed to the staff shortage at Chungking. Preston had overseen two groups of nursing graduates, thus sending out twenty-five nurses to "serve their country in this needed time." There was a constant changing of staff. Within two years of Preston's arrival, the number of graduate nurses on staff had dwindled from twenty-one to seven, and the number of doctors from seven to two.[114]

The conditions at Chungking wore on Preston. Lack of heating in the hospital wards made bathing patients difficult. Lights often went out and kerosene was expensive, so night nurses had only a small lamp to carry. There were mice and rats, flies and mosquitoes, bedbugs and cockroaches – for which netting and screens were placed around patient beds and baby bassinets. Supplies were so difficult to get, and cost so much, that Preston would debate whether she could afford an article or not. For example, "when we wanted [rubbing] alcohol there was so much red tape in getting it that it took hours of the coolie's time."[115] Items cost thirty times more than they did when Preston first arrived, and predictions were that this amount would double by the following year. Preston's new policy was: "Eat it up, Wear it out, Make it do, and Do without."[116]

After the fall of Hong Kong and Singapore to the Japanese, Chungking received a number of foreigners as patients – many of whom could not speak Chinese.[117] This meant more work for Preston since few of the Chinese nurses spoke English. Furthermore, the foreign patients required foreign food – which would be sent over from Preston's house. "We marvel at our houseboy," Preston wrote, "who can carry 2 of those heavy trays over at once and has many trips to make in a day and never seems to mind."[118] Eternally optimistic, Preston claimed in a letter to friends that she was "glad to be able to help in this way, and it makes our lives so much more interesting as we often have 4 different nationalities in at one time." She ended the letter with the line, "Just two more years till I will be home again to see you all." As it was, illness would send Preston home just six months later.

By the summer of 1942 Clara Preston was feeling unwell. The West China Mission had agreed to an extended summer holiday, hoping that would help her condition. However, within a few months Preston was diagnosed with active tuberculosis. On 18 January 1943 the mission field secretary wrote to the WMS secretary in Canada that Preston had been given permission to leave on a furlough as soon as the necessary arrangements could be made. [119] Preston was, simply, exhausted. The hot and humid weather, overcrowded surroundings, poor nutrition and constant bombing had contributed to her ill health.[120] According to Preston's memoirs, doctors had told her that it would likely be two years before she could work again, or take much responsibility.[121] She was urged to leave the unfavorable climate of Szechwan, even if it meant she had to find a hospital or sanatorium enroute to Canada. Preston began packing immediately, and flew out of Chungking on 17 January 1943 accompanied by Dr. Gordon Agnew.[122] She traveled as far as India, where she convalesced for a month – mostly at a hospital in Indore – before beginning the four-month journey to North America via South Africa and South America.[123]

After arriving in Canada on 15 June 1943, Preston spent another eighteen months recuperating in Ontario [See Figure 6.7]. By 1945 she was well enough to take up nursing work again, and in January of that year, Preston appointed as the acting superintendent of nursing at the WMS Hospital at Hearst, Ontario. Although Preston worked diligently in Ontario, her heart was not in it. Like Janet Brydon, Preston preferred work in China to "home mission" work in Canada. She was determined to return. Preston kept in regular contact with the United Church Office, hounding WMS secretary Mrs. Taylor with letters of inquiry as the end of the war seemed imminent. One letter in particular sounds almost breathless, as Preston fires one question after another:

> What are your plans for the return of the Honan workers? . . . Will this civil war [between the Communists and Nationalists] have any bearing on the subject? Are you planning on sending as many as can go back? What about my physical? Where would I have it done? . . . Has there been any word at all from the Christians of Honan? . . . Would it be too much to ask for you to let us know what the plans are and when you would expect me to go and if you think I could go Physically? [124]

To Preston, a return to Honan could not come soon enough. When the North China Mission field reopened after the war, Preston was among the first to return.[125]

Figure 6.7: Clara with Mother and Sister on Furlough, 1944
Private collection, courtesy Doug Skinner

Summary

China held a certain 'power' over the Canadian nurses in China during the height of the war against Japan. For single NCM missionaries like Clara Preston, Margaret Gay and Janet Brydon, nursing in China was their destiny, despite the dangerous and tenuous conditions. They could not imagine themselves doing anything else – including nursing at home mission hospitals in Canada. As long as Canadians were allowed to stay in China, the only legitimate reason to leave would be physical illness or disability - theirs or their family's. For the married missionaries reared in North Honan like Elizabeth Thomson Gale, Mary Boyd Stanley, Dorothy Boyd Johnson, Georgina Menzies Lewis, Jean Menzies Stockley and Florence MacKenzie Liddell, China was the glue that connected their past with their future. Training as nurses opened up the door to return to China, but nursing was more a means to an end rather than an end in itself. China was the attraction; China was their home.

After Pearl Harbor, the Japanese army became the wedge that separated Canadian nurses from what they valued most in life. Most of the single and married Canadian nurses were *locked out* of their China home. Betty Gale and Susie Kelsey were *locked in* it, in civilian internment camps. NCM nurses waiting to return to North Honan felt locked out of their place of belonging and purpose, and felt a keen sense of loss from being separated from their Chinese colleagues and friends. To Preston, West China was a fine temporary refuge, but the geography, the people, the living conditions were so different from North China; it was not home. For those married nurses who were separated from their husbands during the war, the sense of being locked out was especially distressing. The death of Eric Liddell after years of imprisonment and separation from his wife Florence is particularly poignant, and underscores the harsh reality of wartime for the Canadians; separation was difficult, but at least there was hope of reunion as long as the loved one was alive. The death of Eric Liddell foreshadowed the final death of the North China Mission, and the permanent separation of the Canadian nurses from their work, friends and adopted home in North Honan.

By 1945 all the North China Mission nurses had departed China. Although attempts would be made to resuscitate missionary medical services in the upcoming two years, missionary nursing was already decomposing between 1941 and 1945. The mishkids, for the most part, had already officially left missionary nursing for commitments to their children and husbands. Those career missionaries who had given decades of commitment to China were getting older and were distracted by illness and commitments at home. With the exception of Clara Preston, they had neither the energy nor the opportunity to start over.

Notes

---

[1] J. Oswald Sanders, General Director of CIM. From a CIM poster. Private collection, courtesy Hazel Page.
[2] Dr. C.T. Tuan, "Weihwei General Hospital Report of 1940." UCCVUA 83.045C Box 10 File 163
[3] Stephen Endicott, *James G. Endicott: Rebel out of China.* (Toronto: University of Toronto Press, 1980): 106-9. Dr. James Endicott, moderator of the United Church of Canada and father of West China Missionary James G. Endicott, led a small delegation to China in 1927, where he met with exiled West China Missionaries in Shanghai, and North China Missionaries in Tientsin. At the height of Chinese nationalism, the Chinese church was seeking devolution of power from the missionaries' hands into those of the local Chinese church. According to Stephen Endicott, the Canadian "colonizers" frustrated attempts to achieve genuine independence over the following two decades by insisting on keeping their basic structures, and the "colonized" were doomed to perpetuate their own dependence by accepting the colonizers gifts for development within their structures.
[4] "North China (Honan) 1940." UCCVUA 83.045C Box 10 File 163.
[5] Margaret Gay, "Dr. Oliver." Private collection, courtesy Muriel Gay and Irene Pooley; Letter from Clara Preston to "Friends" 16 April 1947. Private collection, courtesy Ward Skinner.
[6] "Church of England Missionary Home" undated newspaper clipping in Alumnae Scrap Book, WGH/HSCA. Apparently there was another Canadian on the premises in October 1941. Miss F. May Watts was the mission treasurer. It is not clear when or how Miss Watts left. Letter from G.K. King to Mrs. Taylor 3 October 1941. UCCVUA 83.058C Box 56 File 14 Series 3
[7] Letter King to Taylor 3 October 1941.
[8] Preston, *Flowers*, 101.
[9] Letter from Rev. G. A. Andrew to the UCC General Secretary 19 May 1940. UCCVUA 83.058C Box 56 File 12 Series 3.
[10] Letter from Mary Boyd to Mrs. Taylor 16 January 1941. UCCVUA 83.058C Box 58 File 6 Series 3.
[11] "The Girls" in WGH Yearbook *Blue and White*, Class of 1923: 22. WGH/HSCA.
[12] Letter from G.K. King to Mrs. Taylor 30 May 1940. UCCVUA 83.058C Box 56 File 12 Series 3.
[13] Letter from G.K. King to Dr. I. MacTavish 29 October 1940. UCCVUA 83.058C Box 56 File 13 Series 3.
[14] Stanley was a former Librarian at the College of Chinese studies at Cheeloo.
[15] Letter from Mrs. Taylor to G.K. King 18 November 1940; Letter from G.K. King to Mrs. Taylor 28 November 1940. UCCVUA 83.058C Box 56 File 13 Series 3.
[16] Susie Kelsey, "In a Concentration Camp in China," *Canadian Nurse*, 40 (7) (1944): 480-2.
[17] Preston, *Flowers*, 101.
[18] Letter [from Adelaide Harrison?] to Mrs. Taylor 6 April 1940. UCCVUA 83.058C Box 61 File 12 Series 5.
[19] Cheung, *Missionary Medicine*.
[20] "West China Nurses" UCCVUA 83.058C Box 61 File 15 Series 5; Beaton, "Missionary Nurses."
[21] Beaton, "Missionary Nurses."
[22] Preston, *Flowers*, 101. Emphasis added.
[23] Janet Sutherland MacDonald MacHattie, "MacHattie Chronicles." Memoir of life in China, 1913 to 1949. Private collection, courtesy Dr. Mary Struthers McKim.
[24] Preston, *Flowers*, 102.
[25] Letter from Clara Preston to Mrs. Taylor, no date, received in Toronto 21 April 1941. UCCVUA 83.058C Box 58 File 29 Series 3.
[26] Preston, *Flowers*.
[27] Preston to Taylor, 21 April 1941.
[28] Clara Preston, "Nursing in Chungking," *Canadian Nurse*, 1943, 39 (2): 144-5.
[29] Preston, *Flowers*, 103.
[30] "Missionary Tells About War in China" *The Whig-Standard*, 16 March [no year]. Private collection, courtesy Ward Skinner.
[31] Margaret Gay, "Events of 1939 and 1940" Private collection, courtesy Muriel Gay and Irene Pooley.
[32] Preston, *Flowers*, 104.
[33] Preston, *Flowers*, 104
[34] Gay, "1939 and 1940."

---

[35] Ibid.
[36] Letter from Winifred Harris to Mrs. Taylor 25 November 1940. UCCVUA 83.058C Box 61 File 12 Series 5
[37] Gay, "1939 and 1940"
[38] Letter from Harrison to Knight, 18 February 1941. UCCVUA 83.058C Box 62 File 20 Series 5. Cited in Beaton, "Missionary Nurses."
[39] Letter from G.K. King to Mrs. H. Taylor, 18 April 1940. UCCVUA 83.058C Box 56 File 12 Series 3.
[40] Letter from Adelaide Harrison to Mrs. Taylor 7 May 1941. UCCVUA 83.058C Box 61 File 13 Series 5
[41] Brown, *History of NCM*, CIV: 6
[42] Letter from Mrs. Taylor to G.K. King 30 September 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[43] Letter from Adelaide Harrison to Mrs. Taylor 7 May 1941. UCCVUA 83.058C Box 61 File 13 Series 5.
[44] Gay, "1939 and 1940."
[45] Letter from Mrs. Ruth Taylor to G.K. King 5 May 1941.
[46] Gay, "1939 and 1940."
[47] Letter Taylor to King 5 May 1941; Letter from G.K. King to Margaret Gay 19 May 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[48] Irene Pooley, telephone conversation with author. Irene Pooley, who is Gay's niece, recalls Margaret's return home in 1941. It was a "dreadful trip" from Hong Kong to San Francisco, and on to Vancouver. At that time, Margaret's brother and father were living in Vancouver.
[49] Letter Mrs. Taylor to G.K. King 30 September 1941. UCCVUA 83.058C Box 56 File 14 Series 3
[50] Margaret Gay was later nurse to the Lieutenant Governor's wife in Victoria. Muriel Gay, telephone conversation with author.
[51] UCCVUA Bio File Margaret R. Gay.
[52]Dorothy Boyd sailed for China in March 1939 with Mary Boyd and Elizabeth Thomson.
[53] Letter from Mrs. Taylor to G.K. King 14 May 1941. UCCVUA 83.058C Box 56 File 14 Series 3
[54] Brydon, interview.
[55] Letter from Mrs. Taylor to G.K. King 25 June 1941. UCCVUA 83.058C Box 56 File 14 Series 3. The batteries were available through the Sonotone company in Shanghai, but supplies from Shanghai were not easily obtainable for those living up the Yangtze River in Szechwan.
[56] Letter from G.K. King to Mrs. Taylor 18 June 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[57] Letter from Mrs. Taylor to G.K. King 30 September 1941 UCCVUA 83.058C Box 56 File 14 Series 3.
[58] Letter Taylor to King 30 September 1941.
[59] Letter from G.K. King to Mrs. Taylor 3 December 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[60] Grace W. Gibberd, "A Call to Service," *Canadian Nurse* XXXVI (1940): 210.
[61] Letter from G.K. King to Mrs. Taylor 3 October 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[62] Letter from G.K. King to Mrs. Taylor 3 December 1941. UCCVUA 83.058C Box 56 File 14 Series 3.
[63] Letter from G.K. King to Mrs. Taylor 2 November 1943. UCCVUA 83.058C Box 56 File 16 Series 3.
[64] It is not clear when Jean Menzies Stockley left China. According to a Globe and Mail article in August 1942, one of Mrs. D. Menzies' daughters was living in England. According to two letters written by G.K. King, Georgina was in China in December 1941, and in November 1943. Thus, it must Jean who was in England. Jean's husband, however, must have remained in China since the NCM later credited Dr. Handley Stockley for "what they [?] did for refugee students from North Honan. Apparently Dr. Stockley left Sian in April 1943 with other English Baptist missionaries, due to evacuation orders. See "Had to Guard Writing While in Hands of Japs, Missionary Says Here," *Globe and Mail* 28 August 1942; Letter King to Taylor 3 December 1942; Letter King to Taylor 2 November 1942, UCCVUA 83.058C Box 56 Files 14 - 16 Series 3. Also, Brown, *History of NCM*, CVIII: 4.
[65] Margaret Gale was cared for by a Chinese *amah* named C.T. Sao. Journal of Betty Gale, 1941-1945. Private collection, courtesy Margaret Gale Wightman.
[66] Brown, *History of NCM*, CIV: 11.
[67] Brown, *History of NCM*, CIV: 8.
[68] Brown, *History of NCM*, CIV: 9.
[69] "Guard Writing" *Globe and Mail*
[70] Peter Nelson, correspondence with author.
[71] Brown, *History of NCM*, CVI –CVIII.
[72] G.K. King 19 May 1942, cited in Brown, *History of NCM*, CIV: 10.

---

[73] Brown, *History of NCM*, CIV: 10. It is not clear what a "bloodless knife" is.

[74] At the time of Pearl Harbor, Mary Stanley was with her husband at Yenching University at Peking, where she was working as a secretary while he was studying for a Masters Degree in Chinese; they planned to be in Peking for two more years. Letter from Mary Boyd Stanley to Mrs. Taylor, 14 July 1941. UCCVUA 83.058C Box 58 File 6 Series 3.

[75] The term 'Prisoner of War' is more accurately preserved for those military men and women who were imprisoned by the Japanese; the term 'Civilian Internees' would more accurately represent the Canadians in the present study. However, since the internees described themselves as Prisoners of War interned in Civilian internment camps or Concentration camps, I will use the terms 'POW' and 'internees' interchangeably. Florence MacKenzie Liddell, who was expecting her third child, had already left China with her two daughters in May 1941.

[76] The *amah* was named C.T. Sao. Betty Gale journal.

[77] Betty Gale journal.

[78] "Guard Writing," *Globe and Mail*

[79] Betty Gale journal. Dr. Gale smuggled supplies when a Japanese Commandant was ill and requested care, allowing Dr. Gale temporary access to the hospital.

[80] Brown, *History of NCM*, CIV: 9; Mrs. Faris returned to Canada with her children in December 1940.

[81] Copy of letter from Isabelle MacTavish to Clara Preston 2 February 1942. UCCVUA 83.058C Box 58 File 29 Series 3.

[82] Copy of letter from Clara Preston to Annie Waddell 26 February 1942 UCCVUA 83.058C Box 58 File 29 Series 3.

[83] Betty Gale journal.

[84] Ibid.

[85] One American doctor also stayed – Arabella Gault.

[86] Wightman, interview. In China, foreign children automatically took on the citizenship of their parents. As English citizens, neither Margaret nor Godfrey was eligible to leave China.

[87] Godfrey Gale, introduction to Betty Gale journal, added years later.

[88] Betty Gale journal.

[89] Brown, *History of NCM*, CIV: 9; Thomson, *Daring Confidence*, 174.

[90] "Guard Writing," *Globe and Mail*; Brown, *History of NCM*, CIV: 10.

[91] Betty Gale journal.

[92] McCasland, *Pure Gold* .

[93] United Church NCM missionary Winifred Warren was interned at Loonghwa Camp at Shanghai, where she remained until the end of the war.

[94] Muriel Valentien, Margaret Gale Wightman, interviews. According to Muriel and Margaret, Mary Boyd was also prisoner of war. A letter handwritten by G.K. King to Mrs. Taylor on 2 November 1943 (while aboard the m.s Gripsholm) corroborates this, suggesting that Betty Thomson Gale, Georgina Menzies Lewis and Mary Boyd Stanley remained in China, interned with their families. UCCVUA 83.058C Box 56 File 16 Series 3.

[95] McCasland, *Pure Gold.*

[96] Susie Kelsey, "In a Concentration Camp in China," Canadian Nurse, 40 (7) (1944): 480-2.

[97] McCasland, *Pure Gold.*

[98] Kelsey, "Concentration Camp."

[99] Letter King to Mrs. Taylor 2 November 1943.

[100] Letter from L. A. Dixon to Mrs. Taylor 2 February 1945; Letter from Foreign Mission Executive Secretary to Canon L. A. Dixon 9 February 1945 . UCCVUA 83.058C Box 56 File 17 Series 3.

[101] "China – 1948". From Alumnae Scrap Book, WGH/HSCA.

[102] Peters spent 21 years at St. Paul's before the war. "Interesting People," *Canadian Nurse*, 42 (12) (1946): 1038.

[103] "China – 1948"

[104] Letter King to Taylor 2 November 194.

[105] McCasland, *Pure Gold.*

[106] Except hospital staff. According to the letter, food was not restricted, but all work stopped except that of the mission hospital. Letter from Clara Preston to Florence MacKenzie Liddell 1 March 1942, with copy

---

of letter from Eric. A. Liddell to Clara Preston 23 January 1942. UCCVUA 83.058C Box 58 File 29 Series 3.

[107] Letter from Eric A. Liddell to Clara Preston 1 February 1942. UCCVUA 83.058C Box 58 File 29 Series 3.

[108] Clara Preston heard about Eric Liddell's death in November 1945, after Winifred Warren had safely returned from Weihsien. Letter from Clara Preston to Mrs. Taylor 1 November 1945. UCCVIA 83.058C Box 56 File 13 Series 3.

[109] Circular letter from Clara Preston to Friends, 24 July 1942. UCCVUA 83.058C Box 58 File 29 Series 3.

[110] Preston to Taylor 21April 1941; Preston, "Chungking."

[111] Preston, "Chungking."

[112] Preston to Taylor 21 April 1941. Emphasis in original.

[113] Preston to Friends 24 July 1942. Unfortunately, Preston does not provide his name.

[114] Preston to Friends 24 July 1942. There is a discrepancy between the numbers of graduate nurses; Preston gives the number of graduate nurses on staff when she arrived as 21, 20 and 24 in various sources.

[115] Preston, *Flowers*, 106.

[116] Preston to Friends 24 July 1942.

[117] It is not clear who these patients were – they may have been British refugees from Hong Kong, for example. It is unlikely that they would have been American, Canadian or British soldiers, since the armies had their own hospital bases.

[118] Preston to Friends 24 July 1942.

[119] Letter from Adelaide Harrison to Mrs. Taylor 18 January 1943. UCCVUA 83.058C Box 61 File 15 Series 5.

[120] Preston, *Flowers*; "Interesting People," *Canadian Nurse*, 42 (10) 1946: 886.

[121] Preston, *Flowers*.

[122] Letter from Adelaide Harrison to Miss Buck 6 April 1943. UCCVUA 83.058C Box 63 File 1 Series 5.

[123] Preston, *Flowers*. Also convalescing with Preston was missionary Lottie McRae.

[124] Letter from Clara Preston 1 November 1945. UCCVUA 83.058C Box 56 File 13 Series 3.

[125] L. Clara Preston UCCVUA Bio File.

CHAPTER 7

FROM 1946 TO THE 1947 MISSION CLOSURE: THE LAST DAYS

It is not the crisis that builds something within us –
it simply reveals what we are made of already.

- Oswald Chambers, message to prospective missionaries [1]

Post War Planning

The Sino-Japanese war came to an abrupt end after atomic bombs were dropped on the Japanese cities of Hiroshima and Nagasaki by the American military. Japan surrendered on 14 August 1945. After eight years of war, some missionaries were incredulous; postwar had seemed a distant dream. Other missionaries, however, had already begun contemplating their return to China the previous spring, when the war in Europe was drawing to a close. In April 1945 a group of North China Mission missionaries in Toronto (Honan Toronto Committee) named fourteen missionaries to go to China before the end of the year. Among these were D.K. Faris, who was the husband of nurse Marion Fisher Faris, Norman MacKenzie, who was the husband to nurse Dorothy Lochead MacKenzie, and Clara Preston.[2] Dr. McClure, who had spent much of the war working in China with the Friends Ambulance Unit (FAU) and the International Red Cross, was also returning to China, after recovering in Canada from a bout of typhus. McClure's wartime experience had equipped him as an excellent resource for the returning missionaries. McClure knew more than most about what kinds of conditions the missionaries were likely to find in Honan, and believed that medical relief work would have high priority in post-war China. McClure anticipated that returning missionaries would work closely with the newly formed United Nations Relief and Rehabilitation Administration (UNRRA), which was planning to build new hospitals in China and possibly re-establish some mission hospitals.[3] As the commander of the Friends Ambulance Unit (FAU) China Convoy, McClure had an idea – about which Doug Crawford, one of the FAU members, composed a ditty:

Old McCurdle has a plan
Based upon Chengchow,
To save the people of Honan,
Starting with Chengchow.[4]

The FAU was a wartime organization associated with the Quakers. Comprised of approximately forty conscientious objectors from the United Kingdom, America, New Zealand, Canada and China, the FAU had a mandate of assisting in wartime suffering. The China Convoy had spent the war hauling approximately ninety-five percent of the medical supplies being distributed to civilian hospitals in Free China as well as providing ambulance services.[5] Upon hearing of Japan's surrender, Dr. McClure immediately began plans to get rehabilitation work underway in Honan. Since the convoy was committed to rehabilitation work, McClure worked to convince them of his idea to rehabilitate medical work in Honan, using the Baptist hospital in Chengchow [Zhengzhou] as a starting point. Once the FAU reestablished the hospitals, UNRRA would take over. The FAU endorsed McClure's plan.

McClure wrote to the United Church in Canada, urging medical and nursing missionaries to return to China immediately. He was concerned that, even if the FAU could reclaim the hospitals, there would not be enough Chinese personnel to staff them since many Chinese doctors and nurses were temporarily under the employ of the U.S. Army. If enough foreign personnel could come out at once to reestablish the hospitals, the mission would be able to attract Chinese doctors and nurses when their army terms were complete. Time was of the essence: If the mission board procrastinated, they might lose the opportunity to secure Chinese staff since they would soon be in high demand everywhere. McClure was certain that CNRRA, the Chinese government section working with UNRRA, would be willing to re-establish mission hospitals if missions worked closely with the National Health Association.[6] Indeed, the International Relief Committee promised two million Chinese dollars each for Changte and Hwaiking hospitals and one million for Weihwei, a total of approximately $5000 Canadian dollars.[7] In addition, if Weihwei could promise to provide forty beds for refugees for three months, CNRRA would provide a thousand pounds of drugs. Only hospitals on refugee-returning routes could get these grants.[8] According to McClure, the missions had to act quickly, or lose a golden opportunity to rehabilitate the mission hospitals. There was one caveat: The UNRRA money could not be used for staff salaries. McClure quickly consulted with fellow missionaries Mr. Mitchell and Mr. MacHattie in Chungking, and sent a cable to Toronto requesting $40,000 Canadian dollars from the United Church mission boards. Of this, $20,000 would be used for reconstruction, the rest for travel and other emergency costs.[9] The mission boards were "stunned" by the large amount requested and offered $10,000 instead. [10] McClure moved forward on his plans without a clear idea of how, or if, appropriate funds would arrive.

Reoccupation of the Mission Hospitals: An Expensive Prospect

Bob McClure traveled to the Baptist hospital south of the Yellow River at Chengchow, Honan, with the hope of reclaiming the former NCM hospitals in nearby Changte, Weihwei and Hwaiking as soon as the Japanese moved out. McClure wanted to be physically close by the mission hospitals so that the FAU could move in and reclaim mission hospitals before the Chinese military could move in and use them as barracks.[11] He was already in Chengchow in October 1945 when NCM missionaries Grace Sykes, J.B. MacHattie and Norman MacKenzie passed through, on their way back to Weihwei. Sykes, MacHattie and MacKenzie received a warm welcome at Weihwei and a house was hastily prepared for the three of them to move into. The house was in rough shape; MacHattie fell through the floor of an upper verandah and landed on a concrete floor ten feet below, cracking some ribs.[12] In fact, most of the mission buildings were badly damaged. MacHattie estimated the cost of repairs, excluding the hospital, at $13,385.00. [13] Reestablishing the North China Mission was an expensive prospect.

It is difficult to obtain a comprehensive picture of the North China Mission's financial situation in the postwar years. The records are fragmented, currencies are used interchangeably (Chinese or Canadian "dollars"), and the rate of exchange fluctuated on an almost daily basis. Sources of funding for the NCM were varied, and included grants from the United Church itself, plus a myriad of sometimes-indistinguishable relief committees including the International Relief

Committee ("IRC"), International Red Cross ("IRC"), "HIRC," UNRRA, CNRRA, Canadian Aid to China, and the China War Emergency Relief Committee. Furthermore, there was sometimes a discrepancy between the amount of grant promised and that received at any given time, since funds were not usually paid out in one lump sum. Add to this soaring inflation rates, estimated at anywhere between 1000% and 100,000% per year, and the figures become almost indecipherable.[14] One thing is clear, though: by 1947 the North China Mission was facing a severe and seemingly irresolvable financial crisis.

At Weihwei, a 1946 financial report estimated the 1939 replacement cost for hospital land, walls, buildings and supplied at a total of CAD $115,000.00. [15] While the report estimates wartime destruction of the hospital buildings by percentage, it does not translate any of these numbers into replacement costs for 1946. One way to estimate the 1946 costs would be to add up the percentages: If 50% of a building worth $20,000 was deemed to be damaged, the replacement cost might be $10,000. Using this formula, an estimated replacement cost of the non-hospital buildings would be $13,492, which is close to McHattie's figure of $13,385 [See Table 7.1]. Using this same method for adding up the estimates to replace the hospital, the 1946 estimated replacement cost would have been $22,100, plus equipment – yet, a report in 1946 placed the estimate closer to $50,000.[16] Either way, Dr. McClure's request for $20,000 was, in fact, rather low. As it was, Weihwei would have to rely on their portion of the United Church mission grant (approx. $3000), the IRC grant for hospital reconstruction ($1000), and a promised UNRRA grant ($2000).[17] Thus, while the costs would be somewhere between $22,100 and $50,000, the NCM had secured only $6000. The grants, while generous, were grossly insufficient. Debt was piling up before reconstruction and refurbishing was even started, and this was without salaries, travel expenses and operating costs.

Buildings	Est. CAD Replacement Cost 1939	Est. Destruction	Replacement Cost 1946 (estimated by researcher)
Foreign Residences	22,000	25%	5,500
School Class Rooms	14,350	35%	5,022
Chinese Buildings	11,800	25%	2950
Subtotal			***$13,472***
Hospital land, buildings, walls	60,000	15%	9,000
Hospital equipment	25,000	?	?
Hospital supplies	25,000	40%	10,000
Hospital bedding	4,500	60%	2,700
Hospital library	500	80%	400
Subtotal (minus equip)			*$22,100*
TOTAL (CAD)			***$35,572***

Table 7.1: Weihwei Reconstruction Costs in 1946
Adapted from *Memo of Conference with Dr. Stewart Allen, Weihwei, Honan, April 30 – May 1, 1946.*

By July 1946 the actual cost of running the Weihwei Hospital was becoming clearer [See Table 7.2].[18] For one month expenditures such as salaries, food, and heat added up to CH $2,289,585 (approximately CAD $2,289). Because the various grants could not be used for salaries or operating costs, the hospital was reliant on income from patients themselves. In July 1946 inpatients and outpatients paid the hospital a total of $CH 784,270. While this income helped to offset the costs, this still left a deficit of $CH 1,505,312 (approximately CAD $1505) at the end of just one month.[19] Although the records do not indicate whether or not the NCM requested operating funds from the United Church mission boards, it seems they would not have gotten far even if they had: The United Church in Canada was also suffering from a deficit. In fact, missionary travel from Canada to China was delayed because the money simply wasn't available. Clara Preston, who had been ready to return to China in the fall of 1945, had to wait until the question of funds could be addressed.[20] She would not return until October 1946.[21]

Item	Cost in Chinese currency	Est. Cost in Canadian dollars (based on exchange rate 1000:1)
Administrative Salaries and Food	228,100	228.00
Office Expenses	93,100	93.00
Sundries	55,800	55.00
Heat	250,000	250.00
Linens and Laundry	138,140	138.00
Patients' Food	62,455	62.00
Wages	959,700	959.00
Nursing & Tech. Salaries & Food	282,200	282.00
Nursing School & Students	175,800	175.00
Public Health & Training Fund	44,300	44.00
TOTAL	*$2,289,585*	*$2,289.00*

Table 8.2: Weihwei (Hwei Min) Hospital Expenditures July 1946
Adapted from *Statement of Receipts and Payments for the Month of July 1946*

Disappointment at Weihwei

Finances were a problem at Weihwei, but NCM missionaries were focused on a different matter: Low staff morale. McClure facetiously expressed regret that the Weihwei hospital had not been destroyed during the war: Damaged bricks and mortar could be repaired, but what of the spirit of the place?[22] The Canadians had been away from Honan since the Anti-British Movement of 1939. For the first few years after their departure the renamed "Hwei Min" [Huimin] hospital reportedly thrived under the leadership of Dr. C.T. Tuan [Duan Mei-Qing], who was hailed as a "capable leader" in 1940.[23] The evacuated missionaries had reason to believe that the hospital would continue to reflect mission standards and values under Tuan, based on his report in 1940 where he stated:

> We are very proud that this hospital still can going on [*sic*] so we can continue work here not only for ourselves but for so many people whom got the propper [*sic*] treatment. Again the learning something about our Jesus Christ and believe Him.[24]

After Pearl Harbor in 1941, communication between the Weihwei staff and the departed missionaries was difficult, if not impossible. The dearth of mission records suggests that the North China Mission had little idea of what was going on at the hospital. According to postwar reports, the Japanese occupied the mission compound after Pearl Harbor, and the hospital was constantly under suspicion. Wartime difficulties were aggravated by a three-year famine. Standards gradually deteriorated and "order and discipline broke down."[25] When the missionaries returned to find the hospital in a deplorable state, all fingers pointed to the acting hospital director, Dr. C.T. Tuan. Although the postwar mission records are vague about the situation, three allegations emerge from the documents: First, Dr. Tuan was fraudulent. Second, he allowed hospital service to devolve into disarray. Third, and perhaps most significantly, he was unwilling to work under the leadership of the Chinese church. In terms of the first allegation, although the NCM missionaries never directly charged Tuan himself with fraud, they suggested that he, along with other members of the Chinese staff, had been pilfering hospital funds for personal profit. Always circumspect, the missionaries wrote comments such as "the lust for gain entered and got control of the souls of some," [26] or, "the problems [at Weihwei] are also plentiful and of a serious nature."[27] Although missionaries avoided the use of names, thirty years later Dr. McClure identified Dr. Tuan as the source of trouble. According to McClure, Tuan had capitulated to the Japanese during the Sino-Japanese war, hastening to make his staff sing the Japanese National Anthem and quickly denouncing anyone who objected. McClure also blamed Tuan for selling drugs and instruments and used hospital income to buy copious quantities of land in his own name, while employees were only paid food for their services. [28]

Contemporaneous mission documents neither confirm nor deny McClure's later charges against Tuan of fraudulence and collaboration with the Japanese. Records do, however, suggest that Tuan was considered a troublemaker, and affirm the second allegation – that is, that the hospital under Tuan's care had fallen into disarray. The Friends Ambulance Unit arrived at Weihwei in July 1946 to assist with the rehabilitation of the hospital. Whereas the FAU had expected to find a running hospital where only minor changes, re-equipment and gradual improvement of staff standards were required, what they found was a hospital requiring complete renovation – a six month prospect – plus complete re-equipment of the wards and operating theater. Walter Alexander, the FAU Business Manager, wrote, "We do not wish to be critical of those who carried on during the war years here, but there is no use covering up unpleasantness in vague words . . . The hospital [has] fallen gradually though steadily into a deplorable state.[29]

He continued,

> When we arrived about July 5th we found the medical superintendent, Dr. Tuan, laid up with a bruised shoulder; a graduate nurse, "Dr." Liu, was seeing 90 patients in the OPD each day (though no examining table was being used); 190 persons were attending a daily Kala Azar clinic and [were] receiving one half or less of the usual dosage so that treatment was taking 25 to 35 days; all the post-operative cases in the wards were septic; and since three nurses were required for the Kala Azar clinic, only two were working in the wards most of the time; and of the 40 or more patients in the hospital . . . [it was] possible and necessary to discharge over one half immediately.[30]

There was little evidence of core ideals like patient-centeredness, cleanliness and efficiency that physicians and nurses had emphasized previously at Weihwei. According to the third allegation, Dr. Tuan did not consider himself accountable to the Chinese Christian Church. Although the missionaries placed Tuan in charge after they left, they still considered the Church to be the ultimate authority when it came to mission-sponsored programs. Yet, according to McClure's later account, Dr. Tuan felt no such obligation to the Chinese church – and, by extension, to the NCM missionaries:

> [The missionaries] were trying to get the Weihwei hospital back under the full control of the Chinese presbytery, but Dr. Tuan did not wish to let go. He was demanding payment for having saved the buildings and, in McClure's estimation, had gone quite money-mad.[31]

McClure's allegation of Tuan's unwillingness to work cooperatively with the Chinese Church is more direct than anything found in the North China Mission documents. Yet, subsequent events confirm that, for whatever reason, missionaries considered Tuan a liability: They had him fired. To the FAU, and to the NCM missionaries, the best way to get the hospital back into good running order would be to dismiss those staff members who seemed to be working counter to pre-war goals and ideals. This was a delicate prospect – one that the missionaries, not surprisingly, seemed loath to undertake. The NCM missionaries invited the FAU to "replace some of the senior members, and to do all they could to raise the standards of work in the hospital generally."[32] The FAU team agreed that the only way to solve the problem of "staff who have gotten into very bad habits" was to replace them rather than "try to retrain staff who have worked under bad conditions for many years." As a result, Dr. Tuan, two nurses and the hospital business staff were "invited" to resign. They and any others who wished to resign were offered three months salary.[33] The nurse called "Dr." Liu was not asked to resign, but did so anyways, "and on the whole we feel he is the loser, [but] the situation will be made considerably easier by his leaving."[34] By the end of July there were ten FAUers on staff at the Weihwei Hospital, including Walter Alexander's wife Harriet who became the temporary Superintendent of Nurses. She oversaw the remaining three Chinese nurses, as well as nine nursing students. One of the graduate nurses was reassigned to the operating theatre, one to the nursing school as a full-time teacher, and one – who had little recent nursing experience – as a full-time housekeeper. Hospital servants, many who had been employed since the hospital first opened twenty-four years earlier, had become accustomed to providing nursing care such as dressing changes, and were retained as ward orderlies. The FAU was satisfied and hopeful with the new staff, as Walter Alexander playfully remarked, "All are doing very good work . . . [including] a very good male nurse whom even Harriet praises highly (though it is against her policy to admit that male nurses can be useful)."

It is not clear what became of Dr. C.T. Tuan and the nurses after their dismissal. Although Tuan recognized his role as temporary, even signing his 1940 report as "Acting" Hospital Superintendent, over time he and others may have come to see his position as permanent, and his leadership as unconditional. According to a brief historical record of the Hwei Min [Huimin] Hospital provided to the researcher in 2004 by an English-speaking Weihwei [Xinxian] resident, the Canadian personnel had "handed over the hospital unconditionally to Chinese management" in 1939, only to take "back the management right of it" in 1945.[35] It is probable that some disagreed with the firing of Dr. Tuan and the others. Although there is no record that anyone tried to defend Tuan's wartime actions, or that Tuan or the others resisted their "invitation" to resign, Margaret Brown later commented, "these were men who through the long years of war had carried heavy burdens and who, at times, risked their lives to prevent the

Japanese from gaining control of the Hospital."[36] The NCM missionaries may have felt somber about the personnel changes, but the FAU forged blissfully ahead, with NCM consent. In the conclusion of his July 1946 report, Walter Alexander enthused, "Really, we are just one big happy family, all loving each other to death."[37]

Weihwei Hospital: Open for Business

Within one month much had improved at Weihwei. According to the FAU Team Report for August 1946, "everyone is going full blast [which] gives very much the feeling that the hospital is 'open for business.'"[38] Carpenters, tinsmiths and "med-machs" [medical mechanics] refurbished the hospital, restored electricity, hooked up the X-ray machine, and painted ("many gallons of paint have been slapped on, and the resulting brightness almost dazzles the eyes of those accustomed to the former gloom"). Two wards were reopened, allowing for a potential of fifty beds. Due to the shortage of graduate nurses, however, only thirty to thirty-five beds were being used. It was difficult to attract new nurses to Weihwei – possibly because the hospital offered only half of the salary paid to nurses by organizations like UNRRA.[39] There were two additions to the nursing staff, but one was temporary: June Straite was "on loan" for three months from the Mennonite Central Committee. Miss Chu came to Weihwei as the fiancée of the FAU chief surgeon Philip Hsiung, and was helping out in the operating theatre. After their marriage, the Hsuings continued working at Weihwei until days before the final crisis in 1947.

By the time Clara Preston and Dr. MacTavish finally arrived in October 1946, the hospital was in good running order.[40] There were eight graduate nurses on staff, plus three different classes of nursing students. Under the new principal Miss Li Shu Ying, the nursing school had opened on 15 September 1946 with approximately ten new students.[41] Miss Li was no stranger to the NCM. She the daughter of a Hwaiking Bible woman, and was among the first NCM nursing school graduates.[42] In addition, the WMS had secured two new Canadian nurses for three-year terms in China: Margaret Hossie and Helen Turner.[43] [See Figure 7.1]. Matters seemed to be falling into place. The FAU made plans to turn direction of the Weihwei General Hospital back over to the North China Mission in November.[44]

Figure 7.1: New Recruit Helen Turner
UCCVUA 76-001P-6765

Losing Hwaiking

At the end of the Sino-Japanese War, control of China was indefinite. The departure of the Japanese created a vacuum of power that both Communists and Nationalists hoped to fill. Having suspended their own hostilities as they fought together against the Japan, the Nationalists and Communists now turned against each other. There was fighting in every county held by the Communists. Although the Nationalists had control of most regions in China, the Communists controlled eighty percent of North Honan, including Hwaiking.[45] As such, Hwaiking was inaccessible to the NCM missionaries, and they were anxious to find out how it fared during the war. One of the earliest reports came from a Roman Catholic missionary named Bishop Megan, who had managed to secure a pass to visit Hwaiking. He reported the NCM compound a "total loss," describing his experience as feeling "like Jeremiah amid the ruins."[46] Dr. Bob McClure, who escorted Dr. Stewart Allen to Hwaiking in 1946, confirmed Megan's findings.

Dr. Stewart Allen, the McGill graduate who had worked with Clara Preston with the West China Mission during the war, arrived unexpectedly in Honan during the spring of 1946. He had been on furlough in Canada when the Canadian Aid Committee and Canadian Red Cross approached him to visit the hospitals in China ordinarily supported by Canadian funds. His purpose was to investigate and report first hand knowledge to his sponsors as to the present conditions, needs and prospects of these institutions "with a view to securing for them assistance in equipment and funds." [47] Escorted by Dr. Bob McClure, Dr. Allen traveled between Communist and Nationalist military lines to Hwaiking. In separate accounts, McClure and Allen described the devastation they found in Hwaiking. The place was in ruins. The compound walls were jagged remnants. Missionary residences built years earlier by Dr. Menzies were merely fragments: no roofs, no chimneys, and no people. There was no bell tower and no bell tower gate. The hospital was an empty shell. According to McClure and Allen, the Japanese had stripped everything out of the mission, and then the Chinese Communists destroyed whatever was left. [48]

The tour of Hwaiking clarified the state of affairs there. It also brought disastrous consequences. [49] For McClure, the bright spot in an otherwise depressing visit was the opportunity to reconnect with Chinese friends – particularly Li Hung Chang, an elderly evangelist and one-time principal of the mission boarding school. After meeting with the two doctors in Hwaiking, Li Hung Chang, his son and twenty-six others were arrested and taken to the hills by the Communists. Some managed to escape but Li, his son and sixteen others were "liquidated." [50] As far as the NCM missionaries understood, the men were killed because of their contact with Allen and McClure during their visit to Hwaiking. The tragedy did not end there. Three years later Dr. Allen was arrested by the Communists in Chungking and, after a "public trial," was placed in solitary confinement for a year. His arrest reportedly stemmed back to his visit at Honan, and his subsequent written criticism of the Communists there.[51] That is, while in Shanghai after his hospital tour, Dr. Allen had been urged to submit a written report to a Communist committee on his findings in Hwaiking. In it, Allen was critical of the Communists. He was subsequently "blacklisted" by them, and eventually imprisoned. After Allen was released, he was heavily fined and expelled from the country. Allen became permanently deaf due to vitamin deficiency during his confinement. [52] The NCM mission at Hwaiking was never reopened.

Rehabilitating Changte

When the NCM missionaries returned to Changte, they found that many of the buildings had been destroyed. Buildings in the East Compound were stripped to the walls – not a chair, table or utensil of any kind could be found. The Japanese had used the girls' school dormitory as stables. In the West (Hospital) Compound, men's hospital and doctor's residence were in ruins.[53] As the NCM missionaries set out to reconstruct the houses and schools, the FAU moved in to rehabilitate the Changte hospitals into one functioning unit called the "Kwang Sheng" Hospital. The FAU staff at Changte included a doctor, an operating theatre nurse, a business manager and three mechanics. Assisting them were eight Chinese graduate nurses, a laboratory technician and a pharmaceutical dispenser. By March twenty beds were opened.

Within a few months the hospital had over sixty inpatients (an average of 64 per day), and the hospital facilities were strained to their limits. Yet, financially it was doing quite well. The Canadian Aid to China Committee donated an operating theater worth CAD $12,500. It also promised CAD $20,000 for heating, lighting and plumbing.[54] Funds available from outside sources were used to pay off "old cloth debts" and meeting the costs of rehabilitation materials and labour. The major portion of money was raised directly by the hospital through services rendered. In August 1946 a total of 144 patients were admitted, 158 operations were performed, 315 physiotherapy treatments were given, 68 X-rays were taken, and 1892 laboratory tests were conducted. Unlike the Weihwei, Changte actually had a surplus [See Table 7.3]. [55]

DISBURSEMENTS (Chinese currency)		**RECEIPTS**		
Administrative	934,532	Inpatients	7,970,100	
Nurses & Tech staff (Salaries & food)	1,732,288	Less Free	(1,577,900)	
Servants (Wages & food)	1,141,350	*Subtotal*		6,393,200
Patients' food	1,428,358	Outpatients	2,262,600	
Drugs	181,095	Less Free	(58,100)	
Fuel	600,170	*Subtotal*		2,204,500
Laundry & Linens	85,500			
Light	72,500	HIRC subsidy		200,000
Medical & Ward Equipment	224,480	Balance 1 Aug 1946		472,920
Repairs & Maitenance	24,100			
Rehabilitation (Reconstruction)	2,436,380			
Surplus	**408,867**			
TOTAL (CH)	*$9,269,620*			*$9,269,620*

Table 7.3: Changte Hospital financial statement
Kwang Sheng Hospital August 1946 Report

Apart from the natural increase of work as the Chinese became more "hospital conscious," two other factors were responsible for the great increase of work in all departments of the hospital: Increased military activity and an outbreak of cholera – the scourge of war [See Figure 7.2]. Although many deaths from cholera were reported in the Changte area, not many came to the hospital for treatment. The role of the staff was to provide mass immunizations with CNRRA-supplied cholera vaccine. For staff treating inpatients, the conditions were numerous and varied. The FAU kept meticulous records of the type and number of conditions treated, providing a rare glimpse into medical care in North Honan. The hospital treated patients with conditions as varied as carcinoma of the cervix, tuberculosis of the rib, strangulated inguinal hernia, carbuncle of the neck, "poisoning from Chinese drugs," tapeworm, hysteria, amoebic dysentery, ruptured ectopic pregnancy, and carcinoma of the left eyelid. Some of the more unusual diagnoses included conditions like acute salpingitis, rodent ulcer, phimosis, and pemphigus. Yet, one diagnosis stands apart from the rest: gunshot wounds (GSWs). Thirty-nine of the forty-seven traumatic surgical cases listed were for GSWs; almost half of the sixty-four inpatients at the end of August were GSW's. The civil war was taking a toll.

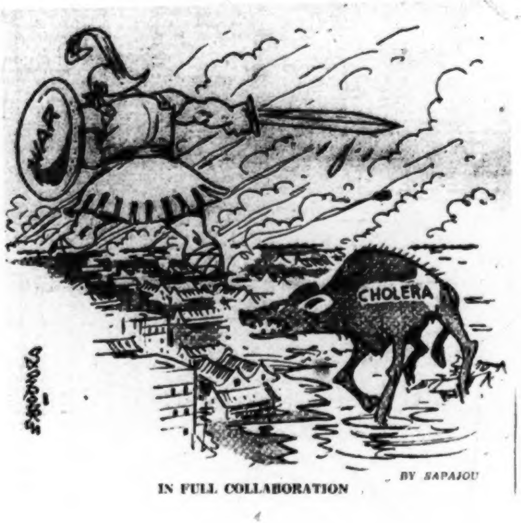


Figure 7.2: Cholera and War: In Full Collaboration
North China Herald 22 September 1937: 435

By September it appeared that the Changte hospital was running well. The FAU reported "a competent staff of nurses and servants" and two interns in training. A nursing school was about to open under "competent Chinese supervision."[56] The FAU successfully helped both Changte and Weihwei to resume hospital work, completing their aim at Honan within a surprisingly short period of time. Their plan was to depart Changte by 1 January 1947, and then disband altogether by March.[57]

The relative swiftness with which Changte was rehabilitated, as compared with the less-damaged Weihwei hospital, was striking. Changte, it seems, was able to channel energy into rehabilitation while Weihwei was reeling over the breakdown of relationships between the missionaries and Chinese staff and the low staff morale. Some missionaries undoubtedly recognized staff despondency as a natural outcome of wartime trauma, but others expected the Christian staff to have stoically endured their ordeal and to now move forward towards renewed mission goals with enthusiasm. Despondency reflected the state of the soul; it was a sign of weakness. Weihwei missionary Jean Sommerville expressed it this way in a letter to the WMS secretary Mrs. Taylor in 1946:

> They [Changte] have achieved better cooperation than we have in church and hospital work. There is no doubt whatsoever about the reality of the post-war moral slump of which we hear so much. In those without any real Christian faith it shows itself in self-centeredness, in getting all I can for me and mine; in those with the love of Christ in their hearts it shows in hopelessness and dependence on outside help.[58]

Hope through suffering was a hallmark of the Christian faith, yet hopelessness was to remain a pervading feature of the North China Mission at North Honan until the mission closed in 1947.

Clara Preston: Restoring Nursing Relationships

War and political turmoil had been part of NCM history as long as anyone could remember. Summing up the postwar situation in China Dr. Bob McClure remarked, "There are risks, but missionaries have to take these risks. It is a part of the modern job. I feel it is fatal to any mission work to wait for more quiet times."[59] Clara Preston was no stranger to the risks involved with missions in China, and she had eagerly anticipated her return to China for almost a year. While in Canada, Clara Preston had tried to prepare for the unique problems in postwar China. She planned to take more items from Canada than previously, partly because she knew her former possessions in China were gone, but also because she understood the post war difficulty of obtaining goods in China. Preston secured a professional shopper at Eaton's department store to assist her with shopping and shipping the goods to China. She had been advised to bring to China a folding organ, a bicycle, a Singer sewing machine and anatomical charts for the nurses' classroom, as well as a steamer trunk of things to one of the West China missionaries who had lost a trunk in Shanghai. [See Figure 7.3] She also packed up a new afghan and typewriter, gramophone and records, kitchen utensils, a kitchen table with chairs, dry ink, and enough eyeglasses to last for the duration of her upcoming tenure in China.[60]

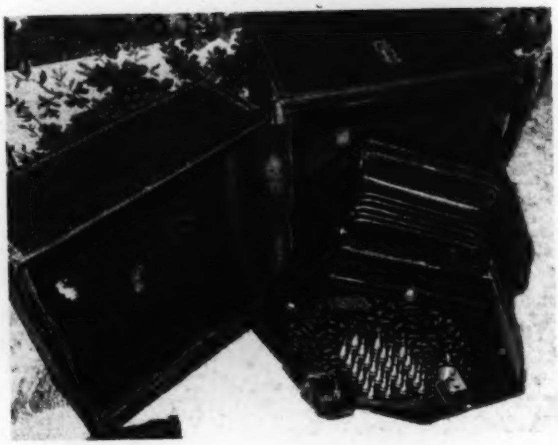


Figure 7.3: Folding organ (Concertina) used in China, 1930s
Private collection, courtesy Dr. Wilf Cumming

After a long journey across the Pacific from Seattle to Shanghai aboard the *Marine Lynx*, Preston and her companion Dr. Isabelle MacTavish took the train through Nanking to Kaifeng, then boarded a jeep for the final, dusty leg of the trip to Weihwei, arriving in late October 1946. Before settling into her new role as Nursing Superintendent at Weihwei, Preston visited Changte, her former home. There she found the hospital and homes looking quite different from before. Only half of the hospital buildings were being used; refugees were living in the others. Yet, she was delighted to find "our first graduate nurse in charge of the nursing work and [our] students doing so well."[61]

Preston was also optimistic about the situation at Weihwei. After her arrival the two FAU nurses left, but Preston was pleased with the prospect of working with two Chinese nurses who trained under Mrs. Ratcliffe and had been at Weihwei for many years.[62] Having arrived at Weihwei after the departure of Dr. Tuan, Preston missed the early, anxious days of the postwar reconstruction. In a circular letter to friends back home on 13 December 1946, Preston mentioned "a Chinese doctor" who ran the hospital during the Japanese occupation, but her focus was on how the situation had improved for nursing since she arrived in China twenty years prior:

> How different from when we first started when there were no Graduate nurses, now we have 8 here. I feel better able to cope with the problems, and having the language makes such a difference . . . Good co-operation among the nurses and an interesting group of students, 4 male and 18 female, all help to make the work more worthwhile.[63]

It was about this same time that Clara Preston wrote what would be her last letter to the *Canadian Nurse* journal. The letter was both nostalgic and hopeful. In it, Preston reflected on what she described as, "the evolution of nursing work in China," by describing the changes she had witnessed over the previous twenty-four years.[64] Preston recalled the original hospital, comprised of a chapel, dispensary, operating room and private and public patients' rooms build around courtyards, "in true Chinese fashion." She remembered the woman who came twice a day – and paid the hospital a monthly sum – for the privilege of carrying away the human excrement ("night soil") to use in the gardens. Building the modern hospitals was complex; wood was cut by hand, bricks were brought by wheelbarrow, and paint was rubbed on by hand, using scraps of wasted silk. Chinese workmen built hospital equipment such as bedside tables, bassinettes, mattresses and electrical bakers based on designs provided by the Canadians, who made rough patterns from memory. The central nursing school at Weihwei was established with the idea that those trained there would be the future leaders of nursing in China. Canadian doctors and nurses created the curriculum, secured textbooks, and taught in Chinese. Although the first students worked without electricity or running water, eventually the hospital had both – which meant the hospital could use x-rays and electrical laundry equipment.

Preston remembered the years 1931 to 1937 as running "like a story book." During this period three nurses at Changte graduated: "They were the first graduate nurses to pioneer the way in our city of Changte, three thousand years old. What a thrill!" As many as twenty-five nurses would regularly attend meetings of the newly organized District Nurses Association in Honan, and the Nurses Association of China supplied structure to the neophyte profession, providing for graded salaries for nurses with experience or with postgraduate certificates. Postgraduate work was available in public health, obstetrics, dietetics, hospital administration, and fellowships were available through the Peking Union Medical College. Some of the larger universities offered degrees in nursing. Then came the Sino-Japanese War.

Preston told the *Canadian Nurse* readership that, during the Japanese occupation, hospitals were closed, buildings and equipment were destroyed, training schools were abandoned, pupils fled, and nurses focused on providing emergency care. Despite the chaos, work continued in West China, where schools took in refugee students from other regions. Eighty-five percent of graduated nurses were sent to Red Cross hospitals, public health centers, and into military work, wherever there was the greatest need. "Our nurses just accepted this," wrote Preston, "and chose lots where they would go." Preston seemed to be drawing strength from the successes of the past; the future seemed less promising:

> Now that the war is over, the difficulties seem insurmountable – rehabilitating hospitals, reorganizing competent staffs, getting equipment, inflation, civil war, famine, thousands suffering from tuberculosis and malnutrition. In addition there are outbreaks of epidemics occurring all over the country, besides the ordinary illnesses. There are some of the problems that face the doctors and nurses (pp. 217-8).

To Preston, the postwar period was a time of starting over. Just as the nursing program had to be built from the ground up after Preston first arrived in 1922, the postwar nursing program would have to be rebuilt in 1946.

Weihwei nursing services and education may have been further ahead in 1946 than in 1922, but there were some problems particular to the post-war years. One recurring theme in Clara Preston's letters and memoirs was her distress over the lack of heating. The price of coal had skyrocketed during the postwar years, and heating the hospital became a major concern. Arriving in China just as winter was setting in, Preston sent letters home describing unique problems brought by the cold. Not only was it difficult to bathe patients and keep them warm, but nurses were also perplexed by what to do about water freezing in the sinks and toilets and urine samples freezing in bottles.[65] Newborn babies were kept in the ward kitchen, where heat from the cooking warmed them. [66] Clara bundled up with layers of clothing – including a padded Chinese dress – but rarely felt warm. Even in bed Clara felt "too cold to read."[67] Weihwei had an advantage over Changte, however; it had glass rather than rice paper windows.[68]

Preston was an avid letter writer. Besides publishing four letters from China in the *Canadian Nurse* journal between 1935 and 1947, she sent innumerous letters to friends and family, usually typed on her portable typewriter. From her letters home, it is clear that Preston drew considerable pleasure from her relationships with Chinese colleagues. At Weihwei, the boundaries between work and home were blurred, and Preston frequently visited with Chinese nurses and students at her residence. For example, in one letter Preston recounted a weekend visit with Miss Yang Ch'un Jung, who traveled from Changte to visit, as well as an evening visit with some of the Chinese nurses from Weihwei.[69] In another letter Preston described her regular Saturday evening games with her nursing students, playing pin the tail on the donkey, Chinese checkers and pick up sticks.[70] When one staff member came down with tuberculosis and was hospitalized, Preston offered to pay for his food.[71] One evening some of the nurses shared with Preston their stories of struggle during the famine and Japanese occupation. Miss Li described the deaths of her husband, brother-in-law and niece at the hands of the Japanese.[72] Preston depicted her relationship with nurses and nursing students as one of mutual trust, based on a shared history and common goals.

As prolific as her writing was, Preston rarely wrote about her dreams and plans apart from missionary nursing. In a letter to written in January 1947, Preston provided a rare glimpse into her unfulfilled desire to be a mother, writing with characteristic good humor,

> [Our house Amah] came with my hot water bottle and said here is your baby. I said I hadn't any baby and would like one so she said she would give her oldest daughter to me. I said I would love that but what plan would I have for her. She said, you wouldn't have to nurse her just give her [bottled] milk.[73]

If Preston regretted her single life, she rarely made mention of it. Those she worked among became like her children; with colleagues, students and patients Preston found a place to invest her energy, skill, love and hope for the future.

A Thief in the Night

In January 1947 Clara Preston wrote a letter reflecting on the difficulties associated with postwar work, including inflation and high costs. "Perhaps," she wrote, "[it is] better that we can't see ahead, but we wonder what the next few months will bring us.[74] In a letter to family dated 16 March 1947 Clara Preston wrote of looking forward to the arrival of Margaret Hossie, one of the new WMS nurses. Although Margaret Hossie and Helen Turner traveled together to China, Turner had not yet arrived in Honan, for reasons that are not clear.[75] Miss Hossie would join Clara Preston and Dr. Singer, a Jewish refugee from Vienna whose family had taken exile in Shanghai, in their Weihwei residence (Dr. MacTavish was now at Changte). The letter was optimistic, with references to budding flowers, improved exchange rates and the arrival of some "luxury groceries" like tinned milk, butter, chocolate and flour with "only a few dead bugs" in it.[76] Almost immediately after Hossie arrived, everything changed.

On 26 March 1947 the Communists tore up the railway between Weihwei and Changte. Days and nights of severe fighting ensued; approximately 60,000 to 80,000 Communist troops had joined together to attack Weihwei.[77] Preston wrote a letter on 16 April 1947 describing her experiences: "The enemy came upon us like a thief in the night and before we realized our situation was serious some of the staff were [leaving the mission compound to go into the walled city proper] where they felt it was safer."[78] On the evening of 30 March, "most of the nurses were on duty" when Preston went to her residence to sleep. She heard bombs and shooting "all night long [so] I was regretting that I wasn't at the hospital but then it was impossible to go at least it wasn't very safe." The next morning she discovered that most of the nursing staff had left for the city without telephoning Preston – their superintendent – about their plans. Among those who left were Dr. Hsiung, now Surgeon and Chief of Medical Service at Weihwei, and his wife – an action that Rev. G.K. King would later harshly criticize.[79] This left Dr. Singer, Clara Preston, and the newly-arrived Margaret Hossie in charge of seventy patients. The tone of Preston's letter is one of frustration and anger. She felt abandoned, and in danger of being hurt or captured by the Communist army since "foreigners, Doctors, Nurses and Christians are the people most wanted by the enemy [Communists]." Preston and Hossie went to the hospital where they made rounds and kept watch with two ward aides and a junior student nurse. They spent the night listening to machine gunfire and bombing; one bomb hit the hospital roof. Preston returned home for two hours of sleep and then "word came that all the rest of the nurses were leaving." Authorities instructed the hospital staff to go to the city because the Nationalists wanted to use the hospital their headquarters: "they already had guns up . . . just behind us and all around." The Nationalists would provide trucks to transfer patients to a hospital within the city walls. Hossie and Preston prepared patients for evacuation.

The Nationalists provided ten trucks to transport hospital personnel, equipment and seventy patients.[80] However, none of the trucks actually reached the compound. Seven trucks retreated back into the city proper because of heavy gunfire. The remaining three trucks made it as far as Yen Tien village, approximately 200 yards from the south gate of the NCM mission compound. Initially unaware of the "new development," the missionaries and other hospital personnel waited at the compound. Suddenly they found the plans revised "without notification or coordination."[81] Confusion reigned as the group realized there were no stretchers to carry patients and that those who could would now have to walk to the city – a thirty-minute trek under normal conditions. The most critically ill patients were thus left behind with a few servants and refugees who volunteered to look after them at the mission compound. The missionaries began escorting patients and their families through the north gate towards the city. Although the trucks were closer to the south gate, it was unsafe to exit there; the heaviest fighting was just outside that gate. Indeed, as the missionaries passed through the north gate with their patients, the Communist army was already positioned at the east end of the compound and was entering through the south gate.[82]

What happened over the next few hours is not completely clear from the records. It seems that the group of about forty men, women and children began walking down the main road toward the city at about 4:30 pm on 1 April 1947. Everyone carried a bundle of some sort. Some young children were carrying their little brothers or sisters. There is a slight discrepancy between accounts of what happened next. According to an account recorded in the United Church Year Book of 1948, Preston and Hossie took charge:

> Our party had to break up into small groups and in the excitement families got separated. Our two Canadian nurses took charge of the patients and led them to safety. [Preston and Hossie] had the children under perfect control, led them by the hand as though off to a picnic. They certainly upheld the tradition of their noble profession! [83]

This last sentence ("their noble profession") typifies the way in which other Canadian missionaries perceived and portrayed missionary nurses – as virtuous, altruistic, and valiant. For her part, Preston did not mention taking charge of patients in her version of events. Instead, in a circular letter written two weeks after the incident, Preston wrote,

> I got to the main street and met the truck . . . A lot of the patients were let off in Ma Shih Chieh [Weihwei city gate] and we wanted to get off with them but we were told to go on [into the city] and then we could come back and see them.[84]

Although Preston's account suggests that she and Hossie accompanied patients by truck to Weihwei, it is possible that they first led patients "to safety" – that is, to the trucks. Preston's omission may be due to modesty, or a desire not to recount all the details of what must have been a harrowing experience. In any event, the escaping group somehow met up with the trucks from Yen Tien. Preston and Hossie assisted "bed patients" onto the trucks, and then climbed aboard to accompany them to Weihwei city, while those who could walk continued their trek to Weihwei city. That night the normally thirty-minute walk took six hours, "being menaced the whole time by Communist bullets."[85]

Hossie and Preston accompanied the patients to the walled city. At Ma Shih Chieh gate some of the patients were told to disembark. Apparently those guarding the gate were "on the alert against enemy infiltration" and refused entrance to the patients.[86] Hossie and Preston went on to the city, but Preston later returned to the gate at dusk to inquire about the patients, who were still waiting at the gate. They were still refused entrance, and were left with their blankets to fend for themselves. Preston could do nothing to help them, and the patients later returned to

Yen Tien and the mission compound. In Weihwei city Catholic missionaries received the Canadian missionaries and gave Hossie and Preston places to sleep in the dug out under the Catholic mission. "I wish you could have seen us settled for the night," Preston later wrote to friends, "Two catholic sisters, one the mother superior, and the two of us. One bed had salted meat hanging from the roof, vegetables were stored there."[87] Preston and Hossie spent the next few days helping out at the Catholic mission hospital taking care of over 300 wounded soldiers. Preston described it as a "grim" experience. There was little water and no coal for heating. Preston and Hossie went around the wards with two washbasins and a few pieces of cloth to wash the patients. They used the water until it got "too grim." They were disturbed by the lack of tetanus antitoxin; this alone accounted for more than twenty percent of the mortality. Preston wrote,

> They had no tetanus serum and already about 10 have died of tetanus . . . there is nothing quite so terrible as to see soldiers die of tetanus and no serum to give them. You feel so helpless and so responsible and know it should not have been. There should an international law against war without tetanus serum . . . We wondered if Florence Nightingale found things much worse than we did in the hospital, scarcity of water, no coal, they had to cut down the trees in the [Catholic] mission compound [for fuel].

The Communist soldiers spent two nights in the North China Mission compound, departing at daybreak on 3 April. On 4 April all of the staff had permission to return to their residences, although Hossie, Singer and Sommerville remained at the Catholic mission to help care for the wounded there. The NCM hospital had not been greatly disturbed, but the compound was "a shambles" and many missionary belongings had been looted, including sugar, soap, bedding clothing, boots, watches, scissors, cutlery and telephones. Some of the Chinese staff had lost their homes and possessions through the fighting but, incredibly,,none of the hospital personnel were injured or killed. Although the records are vague, it seems that some patients may have been killed or injured on the trek to Weihwei city, however: G.K. King wrote, "The failure of the trucks to arrive increased considerably our percentage of losses."[88] The hospital was now filled to overflowing with fifty of the most seriously wounded soldiers, who had been transferred back from the Catholic mission hospital, in addition to the previous patients.

Tired, frustrated and frightened, Preston found herself in charge of a "jittery" nursing staff and distracted group of nursing students. The usually optimistic Preston was disheartened, writing, "It all seems such a discouraging and difficult world to work in."[89] She blamed the United Church at home for allowing the hospital to become so "poorly equipped with personnel." The Weihwei missionaries had reached their limits of endurance. One report noted, "Whether we could stand another such storm is a matter to be seriously considered."[90]

Another Storm

Although the Canadian missionaries typically kept a value-neutral stance in mission records when it came to China politics, they had begun to voice their alarm about what they were witnessing and hearing about the Communists:

> Reports from those who have been given permits to travel in Communist areas and who have had their way prepared for them are uniformly laudatory. [However, other reports] leave us convinced that Communism as carried out in these parts is for the people an enforced slavery, regimented and controlled by fear and cruel torture – torture unto death.[91]

Clara Preston had always felt "we would work for either side and of course are neutral," and "if asked any opinion we do not say." However, after the Communist attack at Weihwei, Preston cautiously but pointedly noted, "we do know that the people flee from one army [Communist] and not from the [Nationalist] government one, so that speaks for itself."[92] The Canadians feared Communist rule of China. More immediately, they feared another attack at Weihwei.

At about 4:00 pm on 18 April 1947 the missionaries at Weihwei received word that Communist forces were advancing. All military patients were to be immediately discharged from the hospital; the Nationalists were planning to transfer them to Sinhsiang and south. A couple of hours later Dr. Hsiung called the NCM missionaries to urge them to leave immediately for Chengchow, south of the Yellow River. Dr. Hsiung was still in Weihwei city, engaged as a private physician to one of the Nationalist generals. He promised that he would return to the mission hospital the next morning to discharge the remaining sixty patients before he and his wife headed with the Nationalist military to Sinhsiang, a three hour drive south. Hsiung volunteered to assist the missionaries in trying to secure a truck to transport them to Sinhsiang. The NCM missionaries held a meeting at 8:00 pm to discuss the situation. While formally expressing gratitude to Hsiung for keeping them abreast of the military situation the past couple of weeks, privately they expressed their mistrust of the former FAU surgeon. To the missionaries, Hsiung had deserted the mission, showing "no great interest in [the hospital] – and [taking] no practical measures to minister to the urgent needs of some five hundred seriously wounded soldiers."[93] Their belief that Hsiung had little loyalty to the mission was confirmed the next day (19 April) when, instead of returning to the Weihwei hospital to discharge patients, Dr. and Mrs. Hsiung fled on the first available southbound military truck to Sinhsiang. The missionaries took stock of their situation. With the loss of Dr. Hsiung and the impending departure of Dr. Singer (whose contract was ending in May), the NCM was left with a modern hospital but no qualified doctor, and no prospect of securing one. The missionaries decided to close down the NCM hospital at Weihwei. They planned to prepare refugee centers in Weihwei city and Sinhsiang, and then evacuate as a mission group to Chengchow.

The missionaries spent the day of 19 April arranging details of discharging patients, preparing to leave, or directing those who would remain behind to take responsibility. At 11:30 that evening they were aroused from sleep by torchlight flashing in the central yard, and then a knock on the door. Retreating Nationalist soldiers had arrived from Hwa Hsien. According to a confidential report by G.K. King on 25 April 1946,

> After two nights and one day of fighting they had walked 35 miles and now, supperless (nothing since breakfast – two meals a day) were ordered to rest in the "Hospital." They took the word "Hospital" literally. It took us two hours to get them – an advance guard of some 200 men – moved into former school dormitories. The men were exhausted and for the most part slumped into slumber when allowed to rest.[94]

The following morning military trucks arrived; one was reserved for Canadian use. At 7:20 on 20 April, the Canadians departed the NCM mission compound. Many of the remaining hospital staff were evacuated south by train. Although a few of the missionaries would return over the next few months to inspect the mission and assess the situation at Weihwei, for all intents and purposes Sunday the 20th of April was the final day of Canadian missionary medicine and nursing at Weihwei. The Nationalist army immediately took over the compound as a military fortress. [95] The group of Canadian exiles arrived in Chengchow on 21 April. Mrs. Boyd came down with pleurisy and was "on the thin edge of nothing," Mr. Boyd took to bed, Mr. Knight had an attack of dysentery, and Mrs. Edna King was "badly frayed."[96] In contrast, the three single missionary women, Misses Sommerville, Preston and Hossie were portrayed as extraordinarily hearty: "The have had a *tough* time [but] are out in front, and going strong."[97]

Evacuation of Changte

The Communist army controlled the area surrounding Changte, yet on 25 April 1947 hospital work was reportedly "uninterrupted and very busy."[98] Rev. G.K. King believed that Changte would become the site of intense fighting between the Communists and Nationalists. He reported back to the United Church mission boards in Canada, "We feel it doubtful if our staff is in a fit physical condition to stand the strain of a protracted siege. We have asked the Canadian Embassy if evacuation by plane can be arranged."

After hearing about the evacuation of Weihwei, the Changte missionaries prepared themselves for the possibility of an emergency withdrawal. Still at Changte were Dr. Isabelle MacTavish, Rev. and Mrs. (Dorothy Lochead) MacKenzie, Rev. and Mrs. Newcombe, Rev. and Mrs. MacHattie, Miss Grace Sykes and Miss Violet Stewart. The Canadians requested passage by military planes, and on 29 April 1947 evacuated Mr. and Mrs. Newcombe (who was still recovering after the loss of a newborn baby), Miss Sykes, and Miss Tsoa, a Chinese student who had just been granted a scholarship to study in Canada.[99] The remaining missionaries worked with Honan Church members to move the medical work into the city of Changte. Plane passage for the remaining five missionaries was reserved for 6 May 1947. The day before the Canadians planned to depart, some of the Chinese leaders "expressed doubt as to the wisdom of our all leaving, although they had advised it previously."[100] As a result, Norman MacKenzie and Dr.

Isabelle MacTavish decided to stay. However, the very next day the "situation again deteriorated" and MacKenzie and MacTavish too requested passage. It was too late: Communists had taken over the airfield. For the next five weeks MacTavish and MacKenzie helped to move the mission hospital into Changte city and cared for refugees and casualties. Before leaving Changte, MacKenzie left the mission property in the charge of the "Assistant Superintendent" Pastor Liu Chang Djang, with Elder Wu Shao Hsien, as a gateman.[101] When MacTavish and MacKenzie were eventually evacuated to Chengchow, they were uneasy about their decision, feeling "unconvinced that they were following the path of duty and wisdom in remaining outside."[102] As a result of the NCM decision to pull out of North Honan, Clara Preston and Margaret Hossie were in abeyance from May until August 1947, moving between the Canadian Anglican Mission south of the Yellow River at Kaifeng and Chi Kung Shan with no clear sense of where they would be stationed next.[103]

The Confidential Report

Canadian nurses Louise Clara Preston and Margaret Hossie were among the twelve exiled missionaries gathered with Dr. Stewart Allen at Chengchow, Honan, on the morning of 14 May 1947 to discuss the future of the United Church North China Mission.[104] Dr. Allen had come at the request of the Canadian Embassy to "clarify our diplomatic position." Allen believed that philanthropic work would be the only form of activity that might be permitted under Communist rule. The group discussed their options, including evacuation for a period of three to five years or dissolving the mission altogether. The NCM missionaries feared the Communists. In a letter to Dr. Armstrong written 15 May 1947, Rev. G. K. King made an oblique but pointed criticism of missionaries Dr. Stewart Allen and Rev. James Endicott of the West China Mission, who had positive things to say about the Communists after having been invited to spend time among them:

> We are especially sorry for the members of our Chinese church, particularly its leaders who are involved in the difficulties of these times and have no way of extricating themselves. They had a very difficult time during the past ten years, and I think there is no doubt but that they would all agree that the last few months have been worst of all.

> They have great fear for the future. They know, as conducted tourists through Communist areas do not know, that for the common man in the Communist area, divided loyalties will not be tolerated.[105]

A small committee was struck to prepare a strictly confidential report on conditions in Honan. Written on 1 June 1947 from Kaifeng, only three copies were made – one for the Mission Board, one for the Canadian Embassy, and one for the North China Mission minutes. Its contents were not to be published. In Toronto, Dr. Armstrong read the report to a group of Honan missionaries there, but did not give them copies. Rev. G.K. King who, according to NCM missionary Margaret Brown, authored the report, was convinced that sharing the information indiscriminately, even among other missionaries, could result in harm to Chinese Christians. King's comments in April 1948 underscore the intense fear Canadians had of the Communists, and highlight how missionaries believed that even words carelessly spoken in Canada could endanger lives in China:

> Some repercussions are being felt by Chinese Christians in Honan because of unguarded criticisms of [Communist] activities made in Canada. You would hardly credit how sensitive Communist set-up is to adverse criticism and how diligently they trace uncomplimentary remarks to sources within their sphere, and making individuals pay the penalty.[106]

The confidential report of 1 June 1947 contains gruesome details of the torture and death of particular Honan Christians known to the North China Mission. In her otherwise meticulously detailed history of the NCM, Margaret Brown left out details of the confidential report, stating, "The accounts are too many and too harrowing to relate in detail here." [107] Brown intimated that the details of the reports should remain undisclosed, writing that the report "was never published and still (1965) remains buried in the files in the [United Church] archives." Although this is not the only mission record labeled "confidential" during the postwar period, the significance of this particular report cannot be overemphasized. This report arguably shaped the future of missions in China by articulating the fear many missionaries felt, giving just cause for dissolving the North China Mission altogether, and preventing returning NCM missionaries from voicing their China experiences in Canada. That is, the silence surrounding Canadian missionary nursing in China after 1947 can be partially explained by the fear missionaries felt about possible repercussions.[108]

The confidential report of 1947 is a four-page, single spaced, typed document with a nine-page appendix. Stapled to the front of the report is an ominous note: "Failure to recognize the CONFIDENTIAL nature of this report may imperil the lives of Christian men and women, Canadian and Chinese."[109] The authors of the report criticized foreigners who supported the Communist cause, such as "visiting newspaper correspondents, and others capable of molding world opinion" who contributed to a "highly favorable impression of strength and virtues of Chinese Communism"[110] Although no names are listed, the report is likely referring to influential journalists Edgar and Helen [Nym Wales] Snow, and Agnes Smedley, who provided sympathetic portrayals of Mao Tse tung and the Communists through the 1930s and 1940s.[111] Their widely read articles and books contradicted the experiences described by Chinese refugees from Communist-controlled areas who were given refuge at the Changte and Weihwei missions: "More and more we were forced to realize the contrast between the ideal statements emanating from Yenan [the Communist capital] and the fearful conditions of life the common man must endure under Communist rule in our nearby areas."[112] According to refugee reports described in the report, Communist leaders banned all forms of Christian activity, prohibited worship, and eventually eradicate all leadership not under Communist control by arresting or otherwise "disposing" of Christian leaders through "cruel, brutal [and] inhuman means."

The nine-page appendix to the report is marked "very confidential" in red ink. It substantiates in clear, horrific detail, otherwise vague claims by missionaries that Communists were threatening lives, torturing and killing Chinese Christians and any others who were thought to endanger the Communist cause [See Appendix 8: Confidential Report]. According to the appendix, Chinese in Communist-controlled areas in Honan were subject to mob trials and punishment for "crimes" of wealth, association with the Nationalists, and association with foreigners. In the closing lines of the report the authors asked, "Can we continue as a group to carry on effective mission work on a virtual battlefield or can effective mission work be carried on in North Honan that is Communist-controlled?" They concluded that, while some measure of work might be continued "if one is prepared to play hide and seek with contending armies," such a course of action would endanger Chinese Christian colleagues. Furthermore, Canadians themselves could become targets of attack since "contending parties may not be satisfied to leave unmolested a neutral observer, however innocuous he may feel his presence to be." Finally, since the Communists were demanding a "clean sweep of everything but Communism," sooner or later mission and church organizations "will be obliterated." In August 1947 The North China Mission Council convened and agreed that,

> The establishment of a Christian Church in North Honan will not be served by our attempting to re-enter North Honan for residence or work at the present time; therefore resolved that we now proceed with arrangements for the cessation of Mission activities in so far as they directly affect the North Honan area.[113]

Six decades of Canadian missionary work at the United Church of Canada North China Mission in North Honan came to a reluctant end. Margaret Hossie was assigned to the United Church South China Mission in Kongmoon. Helen Turner was assigned to Cheeloo, where she stayed until 1951.[114] Clara Preston returned to Canada to do Home Mission work. In a letter to friends dated 3 September 1947 Preston informed her friends of her decision to leave China, writing, "I think it is wisest, but very very hard to do."[115]

Canadian Missions in China between 1947 and 1951

After the closure of the North China Mission in Honan, Honan missionaries came under considerable criticism, both in Canada and China, for having evacuated their field.[116] Reports of events in China were confusing to church members in Canada. As Margaret Brown expressed it, Canadians wondered, "was the Gospel not also for the Communists?"[117] Canadian missionaries like Stewart Allen, Jim Endicott, Norman MacKenzie and Ken Faris publicly expressed a belief that mission work would be possible under the Communists. Others remained silent. According to Margaret Brown, "the real reasons for the Mission evacuation were withheld" from the Canadian public. Brown suggested that Norman MacKenzie's support of the Communists reflected the naivety of someone fairly new to the mission field (p. CIV: 4). Despite the mission's expressed intention to remain neutral about political matters in China, the decision whether or not to remain in China *was* a political one: If one could trust Communist propaganda, continued mission work was possible. If one could trust Nationalist propaganda, the impending Communist takeover would destroy both missions and the Chinese Christian Church. The United Church missionaries were divided in their assessments of the feasibility and wisdom of staying.

Although United Church missionaries in other parts of China chose to remain, the North China missionaries were not the only ones to withdraw from northern China. For example, in a report to the Board of Overseas Missions [formerly the Foreign Mission Board] of a brief visit to Weihwei on 10 – 12 of September 1947, Rev. H.A. Boyd and G.K. King listed a number of missions which had either withdrawn personnel from outlying districts (deemed less safe than cities) or from North China altogether. These included Canadian, American, Scotch and Irish Presbyterians, Assemblies of God, Mennonites and the China Inland Mission. Furthermore, Roman Catholic missionaries – known for their policy of remaining on the mission field during national crises – were also considering withdrawal:

> [Despite their] general directive that where formerly they expected their priests to remain with their people under persecution, now, for the well being of the people, Priests, Nuns etc., are expected to evacuate before Communist occupation.[118]

The evacuation of other missions from North China lent strength to the North China Mission's decision to withdraw from North Honan. United Church missionaries now had the option of working in Shantung (Cheeloo in Tsinan), Szechwan, Hong Kong, Shanghai and Kongmoon.

The civil war between Chiang Kai Shek's Nationalist army and Mao Tse tung's Communist army continued until 1949, when Chiang fled with his army to the island of Formosa. Mao established himself as the leader of China on 1 October 1949. The number of missionaries remaining in China decreased, but those who remained in China did so with the hope that they would be allowed to continue philanthropic work. Canadian nurse Helen Turner was among those who continued to work under the auspices of the NCM at Cheeloo. After her marriage to Cheeloo missionary Peter Nelson in June 1950, Turner moved under the auspices of the English Baptist Missionary Society. [See Figure 7.4] Between 1948 and 1949 the university functioned as separate units in Tsinan, Foochow and Hangchow due to the war. Peter and Helen Nelson were among the last missionaries to leave Tsinan, in June 1951.[119]

Figure 7.4: Helen (Turner) Nelson on Wedding Day, Tsinan, June 1950
Private collection, courtesy Peter Nelson

On 5 January 1951 the Executive of the United Church Board of Overseas Missions and Woman's Missionary Society met to consider the future of the missionaries still in China, at Chengtu, Chungking and Kongmoon. Many had already evacuated, in part because of the mounting Korean War. One unnamed but "highly valued senior missionary, noted for his consistent optimism" had written:

> We have had a couple of weeks of violent anti-American propaganda which has developed into general anti-foreign feeling with many slanderous remarks made upon almost every western member of the staff. Many of the leading Chinese here are of the opinion that the continued presence of westerners is only an embarrassment to them, and a cause of constant misunderstanding with government authorities. For this reason

> quite a few more [missionaries] have decided to leave. In addition, the very tense international situation [Korean war] has decided other westerners to leave.[120]

It was unnecessary to "order" the missionaries to leave at once: Almost all had already applied for exit visas or had signified their intention to do so. Jesse H. Arnup reported:

> This action of the Executive records the failures of our effort to carry on the China missions under the Communist government. From the time of their approach to power I have consistently taken an optimistic view of the situation. In September 1949 I sent my own son to West China. Now he is home again, quite convinced that there is no future for a foreign missionary doctor in that field . . . The remaining missionaries are advised to come home.[121]

Summary

Jesse H. Arnup's use of the word "failures" to describe the last days of the United Church of Canada missions in China in 1951 is telling. To missionaries returning to North Honan after 1945, failure was an inconceivable notion. They knew that mission work in postwar China was risky, but as McClure noted, China had always been a risky mission field. Since the Canadians first arrived in China in 1888, the North China Mission had survived innumerable difficulties, including violence, death, disease, war, revolutions, and imprisonment. Despite the ordeals, the missionaries had managed to establish and develop Christian institutions, including the Chinese Christian Church, Christian schools, and Church-run hospitals. Canadian missionary nurses had already met most of their goals by 1939. Veteran missionary nurse Clara Preston and her Canadian nursing forbears had established and developed a system of modern nursing service and education comparable to that found in Canadian hospitals hospital programs in Canada. Furthermore, the Chinese nursing students and graduates were acculturated and taught in a Christian milieu where nursing and Christianity were considered inextricable concepts. Their difficulty wasn't in establishing nursing services; it was in maintaining them under the chaotic conditions of war, and in a post-colonial nation that was in the throes of reinventing itself as an exclusively Chinese Republic. While Canadian missionaries enjoyed a certain measure of success in creating a supportive local environment for nursing in Honan before 1939, their ultimate success was dependent on a supportive national environment. Whereas being British subjects had once gained missionaries entrance into China, it now determined their exclusion.

Considering the circumstances under which the Canadians left – abruptly and under threat of attack – it is not surprising that missionaries felt a sense of failure. To observers, the missionaries had failed on many levels. They failed at their original intent to Christianize China. They failed to develop a sustainable system of modern medicine and nursing in North Honan. They failed to reestablish mission interests after World War II. They failed to stand by their Chinese colleagues at North Honan when other missionaries found ways to work under the Communist government. It would be easy, then, to dismiss the phenomenon of Canadian missionary nursing in China as one colossal failure. Yet, to do so would be to undermine the accomplishments of Canadian missionary nurses, and to overlook particular ways in which missionary nursing shaped nursing and health care in both China and Canada. The sense of failure that pervaded the NCM after 1947, and has persisted in discussions of Canadian missions in China since, is part of the story of Canadian missionary nursing – but only part.

The last five months of Canadian missionary nursing in North Honan were unlike any other period. The hospital infrastructure was destroyed, the staff was despondent, supplies were difficult to attain, finances were uncertain, and there was no escape from the cold. In addition, a loose expatriate network of returning missionaries, relief workers and nurses on short-term assignments had replaced the cohesive familial community of NCM missionaries that historically supported missionary nurses. Finally, and most significantly, the relationship between the Chinese and the Canadians had eroded into one of mistrust. Although anti-foreignism had always been a feature of Canadian missions in China, this was the first time that Canadians had come to distrust members of their own staff; loyalty was not guaranteed, even among "brothers and sisters in Christ." This was also the first time that this generation of missionaries felt personally threatened by Chinese leaders. During the Sino-Japanese war, United Church missionaries banded together with the Chinese against a common enemy, the Japanese. Now

North China missionaries felt threatened not only as bystanders to the civil war, but also as targets of Communist aggression. To complicate matters further, United Church missionaries around China were divided on the issue of Communist governance. While some felt threatened by the Communists, others perceived Communist ideals of equality and socialism as common ground upon which Canadian missionaries could work. The Communist military attack of Weihwei and Changte was the final blow to a mission already fatally weakened by disinterest, distrust, disloyalty, and despair.

Notes

---

[1] Oswald Chambers, *My Utmost for His Highest: Special Updated Edition* (Grand Rapids, MI: Discovery House, 1995). Chambers was a YMCA chaplain in Egypt when he died, in 1917. This devotional book is comprised of a collection of sermons compiled by his wife and originally published in 1935. It was a favorite among some Canadian missionaries to China.

[2]The others were: Mr. King, Mr. Boyd, Mr. Knight, Mr. Copland, Dr. EB Struthers, the newly-appointed Ervin Newcombe. Miss Stewart, Miss Sommerville, Miss McDougall, Miss Durrant and the recently-appointed Anne Davison. Brown, *History of NCM*, CIX: 3.

[3] Brown, *History of NCM*, CIX: 4.

[4] Scott, *McClure*, 383. The ditty was penned by Doug Crawford, a "dour Scots hospital mechanic of Tengchung."

[5] Scott, "The China Convoy," *McClure*, 291-307.

[6] Brown, *History of NCM*, CIX: 6-7.

[7] Brown, *History of NCM*, CX: 3. Brown notes that $2 million Chinese dollars was the rough equivalent of $2 thousand Canadian dollars, representing an exchange rate of approximately 1000:1.

[8] Brown, *History of NCM*, CIX: 7.

[9] The two mission boards were the Overseas Mission Board and Woman's Missionary Society.

[10] Brown, *History of NCM*, CIX: 8. $5000 from each board.

[11] Scott, "General McCurdle and the Relief of Honan," *McClure*, 382-94.

[12] "MacHattie Chronicles"

[13] Brown, *History of NCM*, CX: 3.

[14] For example, in a letter written in February 1947, Preston stated, "the money has gone up from 6,000 to one American dollar to 20,000 and we are just getting $3,300." One month later she wrote, "We hear that money is to [be] exchanged at $1,200 which will make a big difference to us as we were only getting $3,300 for our money before." Since the rate of exchange between Chinese and Canadian dollars was reportedly 1000:1 the previous year, a rate of 20,000:1 represents a twenty-fold increase in just one year (assuming Canadian and American dollars were relatively equal). Apparently this was only the beginning. In a family memoir entitled *Wild Swans*, Jung Chang wrote that by the end of 1947, inflation in China had risen to the unimaginable figure of 100,000 percent – and it was to go to 2,870,00 percent by the end of 1948. Letter from Clara Preston to Janie, 18 February 1947. Private collection, courtesy Ward Skinner; Letter from Clara Preston to Janie, 16 March 1947. Private collection, courtesy Ward Skinner; Jung Chung, *Wild Swans: Three Daughters of China*. (New York: Random House, 1991).

[15] "Memo of Conference with Dr. Stewart Allen, Weihwei, Honan, April 30 – May 1 1946" UCCVUA 93.045C Box 12 File 200.

[16] Or, five million Chinese "dollars", to completely renovate the hospital and completely reequip the wards and operating theatre. "Hwei Min Hospital Report for July 1946" UCCVUA 83.045 C Box 12 File 200.

[17] Brown, History of NCM, CX: 3. This was for $2 million Chinese currency. It is not clear whether this was a separate grant, or if Brown was referring to the original "International Relief Committee" grant.

[18] "Hwei Min Hospital Statement of Receipts and Payments for the Month of July 1946" UCCVUA83.045C Box 12 File 200.

[19] "Sundry items" adding up to $2.87 accounted for the difference ($2,289,585 = $1,505,312.13 + $784,270 + $2.87).

[20] Brown, *History of NCM*, CX: 9.

[21] Brown, *History of NCM*, CXI: 10.

[22] Scott, *McClure*, 393.

[23] "North China (Honan) 1940" UCCVUA 83.045C Box 10 File 163.

[24] Tuan, "Report 1940."

[25] Brown, *History of NCM*, CXI: 5.

[26] G.K. King, mission correspondence 21 February 1946. Cited in Brown, *History of NCM*, CXI: 5.

---

[27] Letter from Jean Sommerville to Miss Courtice [WMS?] 22 July 1946, Weihwei. UCCVUA 83.058C Box 56 File 18 Series 3.
[28] Scott, *McClure*, 392.
[29] "Hwei Min Hospital Report for July 1946" UCCVUA 83.045 C Box 12 File 200. According to Brown, Alexander was a "United Church Toronto man" Brown, *History of NCM*, CXI: 7.
[30] "Hwei Min Hospital Report for July 1946" UCCVUA 83.045 C Box 12 File 200.
[31] Scott, *McClure*, 392.
[32] Walter Alexander, "Hwei Min Hospital Monthly Report for July 1946" UCCVUA 83.045C Box 12 File 200.
[33] The FAU paid out CH$ 1,570,527.00 in severance salaries.
[34] "Hwei Min Hospital Report for July 1946" UCCVUA 83.045 C Box 12 File 200
[35] Anonymous Weihui, correspondence.
[36] Brown, *History of NCM*, CXI: 6.
[37] "Hwei Min Hospital Report for July 1946" UCCVUA 83.045 C Box 12 File 200.
[38] "Hwi Min Hospital FAU Report for August 1946" UCCVUA 83.045 C Box 12 File 200.
[39] CH $60,000 at Weihwei vs. CH $150,000 by UNRRA. Brown, *History of NCM*, CXI: 9.
[40] Brown, *History of NCM*, CXI: 10. Hossie was due to arrive in December, but did not actually arrive until the following March.
[41] Brown, *History of NCM*, CXI: 9. Li had anticipated the arrival of ten or more new students. It is not clear how many actually came.
[42] Clara Preston identifies Miss Li as the first graduate of the Changte program (1936) whereas Margaret Brown identifies her as one the first Weihwei graduates. Preston, *Flowers*, 135-6; Brown, *History of NCM*, CXI: 9.
[43] Brown, *History of NCM*, CXI: 13; Interview of Lillian Taylor, missionary nurse to West China who traveled to China in 1947 with Margaret Hossie and Helen Turner.
[44] "Hospital Report for December 1946" UCCVUA 83.045C Box 12 File 200.
[45] Brown, *History of NCM*, CX: 1.
[46] Brown, *History of NCM*, CX: 4.
[47] "Memo of Conference with Dr. Stewart Allen, Weihwei, Honan, April 30 – May 1 1946" UCCVUA 93.045C Box 12 File 200. Originally called the Canadian Relief Committee; also referred to as the China War Emergency Relief Committee.
[48] Scott, *McClure*, 397; "Dr. Stewart Allen" UCCVUA 93.045C Box 12 File 200.
[49] According to the account of events recorded by NCM missionary Margaret Brown, then in Shanghai, based on her own notes of a visit with Dr. Allen when he passed through Shanghai after his tour, and a confidential report written by Rev. G.K. King on 1 June 1947. Brown, *History of NCM*, CX: 12.
[50] "Conditions in North Honan" Report to United Church Foreign Mission Board 1 July 1947. UCCVUA 83.045 C Box 12 File 213; Brown, *History of NCM*, CX: 12.
[51] In addition to visiting Hwaiking and other Canadian hospitals, Allen had also visited some of the Peace Hospitals in Communist areas, based on an invitation by Madame Sun Yat-sen. The Peace Hospitals were memorials to Dr. Norman Bethune, a classmate of Dr. Allen's who died in China in 1938 after working with Mao Ze-dong's Eighth Route Army.
[52] McClure, interview. According to McClure, Allen was put under house arrest for nearly two years. McClure was also blacklisted, but escaped arrest; Brown, *History of NCM*, CX: 10.
[53] Brown, *History of NCM*, CX: 4.
[54] Brown, *History of NCM*, CX: 7. The record does not clarify who/ what organization sponsored the Canadian Aid to China Committee. It may have been a subsidiary of the Canadian Red Cross. It is also not clear why Weihwei did not secure similar funds (if, indeed, they didn't).
[55] Park Woodrow, "Kwang Sheng Hospital August 1946 Report, Changte Honan" UCCVUA 83.045C Box 12 File 200.
[56] Brown, *History of NCM*, CXI: 12.
[57] Brown, *History of NCM*, CXI: 13. The FAU was a wartime organization whose purpose had been served. The NCM was reluctant to see the FAU go. The home board offered the FAU personnel a three-year contract under the United Church if they would stay on at Honan, but this was declined, for vague reasons. In response to a cable from Mrs. Taylor, G. K. King cabled

---

back that the FAU was unavailable. Apparently they had another hospital project to complete – most likely in Chengchow.

[58] Letter Jean Somerville to Mrs. Taylor 12 October 1946. UCCVUA 83.058C Box 56 File 18 Series 3.

[59] Brown, *History of NCM*, CXII: 1.

[60] Preston, *Flowers*, 131; Skinner, interview. Jean gave her Aunt Clara her Singer sewing machine; there were no parts in China for Clara's Standard machine. Jean recalls that Clara had enough eyeglasses for seven years; Letter from Clara Preston to Louise and Leslie, 11 February [year unclear; probably 1947]. Private collection, courtesy Ward Skinner.

[61] Letter from Clara Preston to "Friends," 13 December 1946. Private collection, courtesy Ward Skinner.

[62] Probably Harriet Alexander and June Straite.

[63] Letter Preston to Friends, 13 December 1946.

[64] L. Clara Preston, "Nursing in China," *Canadian Nurse*, 1947 43 (3) 217-8.

[65] Letter Preston to Friends, 13 December 1946; Preston, *Flowers*, 135.

[66] Brown, *History of NCM*, CXI: 10.

[67] Letter from Clara Preston to Jeff and Grace, 12 January 1947. Private collection, courtesy Ward Skinner.

[68] Letter from Jean Sommerville to Mrs. Taylor, 12 October 1946. UCCVUA 83.058C Box 56 File 18 Series 3

[69] Letter from Preston to Louise and Leslie, 11 February [year unclear; probably 1947], Private collection, courtesy Ward Skinner.

[70] Letter from Clara Preston to Elizabeth, 12 January 1947. Private collection, courtesy Ward Skinner.

[71] Letter from Clara Preston to Janie, 18 February 1947. Private collection, courtesy Ward Skinner.

[72] Possibly the same Miss Li who was in charge of the Weihwei nursing school. Letter from Clara Preston to Louise and Leslie, 11 February [year unclear; probably 1947]. Private collection, courtesy Ward Skinner.

[73] Letter Preston to Jeff and Grace 12 January 1947.

[74] Ibid.

[75] Lillian Taylor, telephone interview with author; Peter Nelson, correspondence with author. According to Lillian Taylor, who was Helen Turner's classmate at the University of Toronto and fellow missionary nurse to China, Turner did travel to Honan - although Turner's United Church of Canada Bio File notes that she was appointed to West China, then transferred to Honan in September 1947. While Turner did not go to West China, the "transfer to Honan" might have been to Cheeloo, rather than to Weihwei or Changte, since Cheeloo is where she ended up and met her husband, pharmacist Peter Nelson.

[76] Letter Clara Preston to Janie, 16 March 1947. Private collection, courtesy Ward Skinner.

[77] "Information re: Fighting in North Honan." Private collection, courtesy Ward Skinner.

[78] Letter Clara Preston to Friends, 16 April 1947. Private collection, courtesy Ward Skinner.

[79] G. K. King, "Honan Mission, United Church of Canada Withdrawal of Staff from Weihwei; Confidential Report – not for publication." 25 April 1947. King harshly criticized Hsiung for deserting his hospital staff and the seventy patients under his care.

[80] "Confidential – Not for Publication: Communist Attack on Weihwei, 11 April 1947." UCCVUA 83.045C Box 12 File 213. The author is not identified, but was likely G. K. King.

[81] Confidential letter, 11 April 1947.

[82] Brown, *History of NCM*, CXIII: 2; Confidential letter, 11 April 1947.

[83] United Church of Canada 1948 Yearbook, cited by Brown, *History of NCM*, CXIII: 3.

[84] Letter Preston to Friends 16 April 1947.

[85] United Church of Canada 1948 Yearbook, cited by Brown, *History of NCM*, CXIII: 3.

[86] Confidential letter, 11 April 1947.

[87] Letter Preston to Friends 16 April 1947.

[88] "Information re: Fighting in North Honan." Private collection, courtesy Ward Skinner.

[89] Letter Preston to Friends 16 April 1947.

---

[90] Confidential letter, 11 April 1947.
[91] Ibid.
[92] Letter Preston to Friends 16 April 1947.
[93] King, "Withdrawal from Weihwei"
[94] Ibid.
[95] Mr. King, Pastor Chi and Miss Sykes returned to Weihwei sometime in late April or early May to make further plans to evacuate the hospital. The mission compound had been turned into a military stronghold. Nationalist troops were deeply entrenched in the compound. Some buildings and walls were torn down, brick fortresses were constructed in front of each gate, and "loop holes" had been punched in the walls. Mr. Chi – now the hospital superintendent – consulted with the remaining hospital staff in Weihwei city. They unanimously decided to move hospital personnel and as much equipment and medicines as they could to Chengchow. Letter from Rev. D.K. Faris to Mr. Mitchell," 25 April 1947 (excerpt). UCCVUA 83.045C Box 12 File 213.
[96] Letter from Faris to Mitchell 25 April 1947.
[97] Ibid. Emphasis in original.
[98] King, "Withdrawal from Weihwei
[99] Miss Tsoa was to be the first Honan young woman to study in Canada. It is not clear whether she made it to Canada.
[100] "Confidential Statement of Changte Station Evacuation," 13 May 1947. UCCVUA 83.058C, Box 56 File 19 Series 3.
[101] "Confidential Changte." Surplus funds of CH $1,126,900 were passed over to the Honan Church Synod Chairman, and an additional "CN half million" from relief funds was given to assist poor patients. According to Louise McLean, her brother Norman MacKenzie returned to China in 1987. The same elders who were left in charge of the church when he had departed welcomed him. They were now in their 80s. Louise McLean, interview.
[102] G.K. King 12 July 1947, cited in Brown, *History of NCM*, CXIV: 2.
[103] Letter from Clara Preston to Friends, 8 June 1947, Kaifeng; Letter from Clara Preston to Irene, 12 June 1947 from Kaifeng; Letter from Clara Preston to Friends, 22 August 1947 from Chi Kung Shan. Private collection, courtesy Ward Skinner.
[104] Others present were Dr. Stewart Allen, Mr. and Mrs. Boyd, Mr. N. Knight, Miss Stewart, Miss Sommerville, Mrs. N. MacKenzie, Mr. and Mrs. Newcombe and Mr. and Mrs. King. G. K. King "Memorandum of Meeting with Dr. Stewart Allen," UCCVUA 83.058C Box 56 File 19 Series 3
[105] "Confidential Extracts." Emphasis added.
[106] Rev. G.K. King, Honan correspondence 8 April 1948, cited in Brown, *History of NCM*, CXIII: 13.
[107] Brown, *History of NCM*, CXIII: 12.
[108] Doris Weller, interview with author. According to CIM missionary nurse Doris Weller – who was in China from 1947 to 1952 – returning missionaries kept silent because of fear of repercussions to Chinese colleagues and friends. In later years, when it was deemed safe to talk about China, people were no longer interested.
[109] "Conditions in North Honan" Report to United Church Foreign Mission Board 1 July 1947. UCCVUA 83.045 C Box 12 File 213. Emphasis in original. This is the extremely sensitive report noted by Margaret Brown.
[110] The author is likely referring to the extensive publications by journalists Edgar Snow and Agnes Smedley, who lived among the Eighth Route army and were well received by Mao Zedong.
[111] Nym Wales [Helen Foster Snow], *Inside Red China,* (New York: Doubleday, Doran & Co., 1939); Edgar Snow, Red Star over China (London: V. Gollancz, 1937); Edgar Snow, *Random Notes on China, 1936 – 1945,* 4th ed. (Cambridge, MA: Harvard University Press, 1974); Agnes Smedley, *Battle Hymn of China* (New York: A.A. Knopf, 1943).
[112] "Conditions in North Honan."
[113] Honan Mission Council Minutes 18 August 1947, cited in Brown, *History of NCM*, CXIV: 4.
[114] Peter Nelson, correspondence with author. Helen (Turner) Nelson and her husband Peter Nelson were among the last missionaries to leave Tsinan, in June 1951.
[115] Preston, *Flowers,* 140.

---

[116] Brown, *History of NCM*, CXV: 1.
[117] Brown, *History of NCM*, CXV: 2.
[118] H.A. Boyd and G.K.King, "Report on Visit to Weihwei, to Board of Overseas Missions and Woman's Missionary Society, United Church of Canada" 10 – 12 September 1947. UCCVUA 83.045C Box 12 File 213.
[119] Nelson, correspondence.
[120] Jesse H. Arnup "China and Missions" circulated to various missionaries in February and March 1951. UCCVUA 83.058C Box 56 File 19 Series 3.
[121] Arnup, "China and Missions."

CONCLUSION: CREATING A CLOISTERED SPACE

God is our refuge and strength, a very present help in trouble. Therefore will not we fear.

- Psalm 46, read at last NCM meeting at Chengchow, 14 May 1947

During the Missionary Era (1888 – 1952) China became a testing-ground for Canadians committed to a view of missionary nursing as a creditable, lifelong profession for well-educated Protestant women. Missionary nursing itself was not a new concept: As Sioban Nelson and Pauline Paul have documented, religious women had been spreading the gospel of nursing from Europe to the New World since the 17th century, and from eastern to western Canada since the mid 19th century.[1] Yet the designation of Harriet Sutherland as "the first trained Canadian nurse to be sent to a foreign field" in 1888 represented a shift in Canadian missionary nursing from a predominantly Catholic phenomenon emanating across Canada from Quebec, to one that included Protestants, and emanated from Canada to sites abroad, including China, Japan, Korea and India. While Canadian missionary nursing in North Honan is best understood as part of the larger Protestant missionary movement in China originally represented by the awkward slogan "The Evangelism of the World in this Generation," it must also be recognized as an offshoot of nursing roots planted in Canada by religious women over the previous two centuries. Missionary nursing in North Honan provided an unprecedented opportunity for Protestant Canadian women to create "cloistered" communities of faith within which one's work identity could be fully integrated into one's personal identity. Being a "missionary" connected one's public and private lives.

This study makes a significant and unique contribution to Canadian, Chinese and international nursing history, missionary history, women's history and the history of medicine through the use of a wide variety of sources to examine how nationality, religion, health and armed conflict intersected to shape the development of nursing in one region of China over six decades. A database was developed from source material collected from four provinces of Canada (British Columbia, Alberta, Manitoba and Ontario and, to a lesser degree, from China). A rare and extremely rich collection for analysis was formed from public records collected from various Canadian archives and libraries (most notably the United Church of Canada Archives), and private documents and photos provided by missionary nurses' surviving family and friends. Eighty-five of the best photographs are included here. The dearth of source material from China underscores the significance of this study: During my visit to Honan [now Henan] in 2003, I discovered that a portion of the Weihwei [now Huimin] hospital building has been preserved on the grounds of what is now the Xinxiang Medical School complex. Although the building is currently being restored as an historical "relic," I was told that written records of the hospital history before 1947 are virtually non-existent. I was informally invited back to China to share my thesis as a way to fill in this gap in Henan history. In Changte [now Anyang] all that remains of the former Changte compound are two decaying missionary residences, and a new Chinese Christian church building that reportedly seats three thousand. The Hwaiking [now Huaiqing] compound was reportedly destroyed during the war years. This study brings to light that which might otherwise be "lost in the rubble."

"The Missionary Era" was a convenient unit of analysis. Harriet Sutherland's arrival in China in 1888 provided a tidy starting place for investigation, and the departure of Clara Preston in 1947, a definite end date – albeit an artificial one, as Helen Turner's presence at Cheeloo until 1951 will attest. Nonetheless, using time as an organizing framework for analysis allowed the creation of a chronological, comprehensive, descriptive narrative within which themes could be explored and analyzed as they emerged. Writing the history of Canadian missionary nursing as a narrative meant trying to craft a text rigorous enough to withstand academic scrutiny, meticulous enough for researchers to use as a secondary source, and compelling enough to attract readers from the general public. Having chapters organized around significant national and local crises provides a constant reminder that missionary nursing did not occur in isolation; external events continually pressed in on the North China Mission, reshaping – and eventually destroying – the protective wall within which the phenomenon of missionary nursing was created.

The major theme threading through and emerging from this study is the "cloistered" nature of missionary nursing in North Honan. The mission compound wall is a useful metaphor for the idea of cloistered (protected, sheltered) work. In a very tangible sense, the walls formed a creative space within which missionaries could envision and develop a unique and progressive culture of medicine and health care. Originally built to protect the missionaries from the threat of deadly, contagious disease, the walls also served to shield missionaries – and others who took refuge in their walls – from local bandits, Japanese soldiers and Chinese militants. When waves of violence threatened to overtake the walls, especially during periods of national armed conflict, missionaries fled – and nursing came to a standstill. The image of Communist soldiers flooding into the Weihwei compound in 1947 as Clara Preston and Margaret Hossie fled through a different gate with a bedraggled group of patients exemplifies the vital role of "the wall" in Canadian missions in North Honan: Missionary nursing was impossible without it.

Like the physically constructed walls, socially constructed boundaries served to define and protect a creative space for missionary nursing in North Honan. Nationality, religion, gender and professionalism served as buffers to changing economic and political realities in China and Canada. The socially constructed meanings of these interrelated concepts shaped and connected nurses' private and public identities. They linked missionary nurses together into a core "sisterhood" of Canadian, white, unmarried, educated, Protestant women "set apart" at ceremonial designation services for a lifetime of Christian service. [2] Within socially and physically constructed walls, the missionary nurses created a unique, ambitious, complex nursing culture. As long as the walls offered protection, nursing flourished.

Generally speaking, to be a Canadian nurse during the Missionary Era in North Honan meant to be of a particular race (Caucasian), language (English) and ethnicity (Scottish). It also meant embodying a paradox. Canadian missionary nurses were British subjects with colonial rights; they were inadvertent beneficiaries of unequal treaties between imperial powers and the Chinese. No matter how honorable their intentions, how politically neutral they perceived themselves to be, or how strong their relational ties with individual Chinese, they were ultimately part of a group of identifiable, uninvited occupiers of China – *yang kwei* (foreign devils). Even if they donned Chinese clothing, ate Chinese food, studied Chinese history, and communicated in Chinese language, they would never belong; even those born in China were not Chinese.

Features such as white skin, light hair, blue eyes and long noses proclaimed their status as part of a privileged elite, and as cultural outsiders. Thus the paradox: Being Canadians granted political entrance, but hindered trusting relationships with the Chinese. Being easily identifiable foreigners marked Canadians as targets of anti-foreignism sentiment, but foreign features also served as embodied passports, offering missionaries an escape route during the worst phases of antiforeignism and armed conflict. They could hide under the protection of the British flag, or flee from China altogether. Perhaps such contradictions are part of any expatriate experience; certainly the concept of straddling two worlds is not unique to Canadian missionaries. For example, Canadian journalist Jan Wong writes of using her Chinese heritage to her advantage in Communist China during the late 1980s. She blended in with crowds of Chinese students at Tiananmen Square in order to glean information from them, but also used her Canadian nationality to her protective advantage by calling out in English when plainclothes police moved in to arrest her.[3] The interesting point, then, is not so much that Canadian missionary nurses used their nationality to their advantage, but that they were able to establish a blended culture of Canadian and Chinese nursing within a milieu where race and ethnicity usually served as barriers to trusting relationships.

Like nationality, religion had particular meanings for missionary nurses during the Missionary Era in China. Religious identity defined boundaries of belonging and not-belonging by intersecting with constructs such as family and community. Missionary nurses were church kids, with family involvement in the Presbyterian Church often dating back two or more generations. They were the children and grandchildren of ministers, elders, mission board members and missionaries. Significantly, many had family ties with the North China Mission itself; Jennie Graham's sister Dr. Lucinda Graham and Jeannette Ratcliffe's sister Dr. Susan Grant worked in North Honan. Others were born and reared in North Honan themselves. The phenomenon of missionary kids as nurses is a fascinating exemplar of the interrelationship between family, religion and missions. Mishkids played a major role in the development of medicine and nursing the North China Mission after China-born Robert McClure and Jean Menzies returned to Honan in 1923. Mishkids comprised an influential group of second-generation missionaries, and were largely involved in the development of modern nursing care in Honan. They formed a new, influential community of cultural insiders, whose upbringing in China helped them to bridge the cultural divide between Chinese and Canadians. Belonging neither to Canada nor to China, mishkids who became nurses were most at home in the distinct culture of the Chinese missionary community. Training as nurses in Canada provided mishkids with a means to return to China. Once in China, most of the mishkids married China missionaries; becoming missionary wives provided an opportunity to replicate the family nature of religion and perpetuate their own Chinese childhood.

Being a member of the North China Mission community meant belonging to the larger family of missionaries in China as well, particularly after the Presbyterians were integrated into a larger "United Church of Canada." Nurses felt a certain kinship with other United Church missionaries, particularly at Cheeloo and West China. For example, when Margaret Gay stayed by the side of Mr. Albertson in Kunming the night he died in 1940, she considered her presence to have extreme value, not because she was a friend with Albertson, but because she was the only other United Church missionary in the province of Yunnan. North China missionary nurses could be counted on – and could count on – the community of missionaries for hospitality, shelter, and emotional support, especially during the scattered years of the Sino-Japanese war. Their commitment to each other was underscored in times of illness, such as when Clara Preston traveled to Kweiteh to nurse Mary Boyd, or when Jeannette Ratcliffe traveled to Cheeloo to care for the paralyzed Coral Brodie. In this way, the boundaries of religious community were flexible; wherever there were other Christian missionaries, there they belonged. Such fluid boundaries were not always part of the mission; turn of the century missionaries like Jonathan Goforth viewed with suspicion those with a different theology – especially French or Italian "Romanists" (Roman Catholics). After the formation of the United Church, denominational and national lines blurred – all Christians were "brothers and sisters in Christ" and could be depended upon during times of trouble or need. Being "Christian" became a more significant indicator of belonging than did denominationalism.

Being Christian was also central to the nursing culture developed by Canadian missionary nurses at the North China Mission. Here was an unprecedented opportunity to test out how well Christian faith fit together with nursing practice. Faith-based nursing was not new to Canadians: It was not unusual to see Christian themes threading through public nursing discourse (such as the *Canadian Nurse* journal) in Canada during the 1920s and 1930s. Nor, as Kathryn McPherson has noted, was it unusual to find Christian traditions such as prayer or Bible study incorporated into nursing education in Canada.[4] Christian discourse and traditions were part of the larger social fabric of Canada; one was not set apart simply by claiming Christian values. In contrast, to be a professing Christian in China meant being set apart from one's ancestral heritage. As members of the Christian Church of China, Chinese nursing students and staff were part of a small Chinese subculture. The Church of China, like the United Church of Canada, acted as a mediating agency, connecting nurses with practice opportunities. To Canadian missionary nurses, nursing personified Christian service and was inextricably linked to Christian faith: Christian beliefs guided, motivated and sustained them. They believed that Christianity, with its emphasis on moral responsibility toward the sick, poor and dying, provided the foundation upon which successful nursing services could be built. If nursing was suitable work for pious women, missionary nursing was the pinnacle of piety because it combined two New Testament directives: to heal the sick, and to bring the message of Christ to the far ends of the earth. Chinese nursing in North Honan was meant to be a "Sino-fied" offshoot of missionary nursing; missionary nurses sought their own reflections in their Chinese protégées.

To some of the earliest missionaries, like Margaret McIntosh and Margaret Gay, missionary nursing was a means to bring the Chinese to a "saving knowledge of Jesus Christ." To latter missionary nurses, however, nursing was about providing state of the art hospital care. It was not about soul saving. Indeed, Canadian nurse Clara Preston disparaged pioneer nurse Margaret MacIntosh for her emphasis on evangelism during the first quarter-century of the North China Mission. Sinologist Alvyn Austin described this shift in Canadian missions from evangelism to service in Canadian missions as a movement from "the saving gospel" to "the social gospel."[5] I suggest an alternate descriptor, based on what Sioban Nelson has described as "Martha's turn."[6] In her study of nursing, nuns and hospitals in the nineteenth century, Nelson noted that the spiritual paths open to women over centuries of Christian practice were shaped by the New Testament story of Mary and Martha. Mary sat at the feet of Jesus, washing his feet in expensive oils. Her sister Martha fussed, preparing food for the apostles and followers and complaining about Mary's inactivity. Much to Martha's surprise, Jesus praised Mary's unworldly devotion while criticizing Martha's mundane and temporal preoccupations. As Nelson has described it, this story delineated two paths for pious women in Britain, America and Australia: one of prayer and withdrawal from worldly concerns, and one of practical work. Prior to the nineteenth century, these religious women aimed to emulate Mary. Then came Martha's turn. Just as Nelson's nineteenth century nuns exemplified Martha's commitment to action through tending to the sick, caring for the dying, assisting at surgery and running apothecaries, missionary nurses at the NCM after 1923 emulated Martha's emphasis on practical service. Margaret McIntosh and Margaret Gay spent their energies on Bible teaching. They, like Mary, emphasized the eternal, the spiritual, and the state of the soul. Margaret Gay's decision to study nursing after ten years as an evangelistic worker underscores the shift from the spiritual to the corporeal, from eternal to temporal concerns. Missionary nurses who spent their energies on the task of establishing modern hospitals and nursing schools still considered the state of Chinese souls to be important; it simply wasn't their domain.

Ironically, although latter nurses criticized McIntosh's emphasis on evangelism, they also benefited from it. That is, Chinese girls and boys acculturated into a Christian worldview through education in mission schools and membership the Chinese Christian Church comprised the main pool from which potential nursing students were drawn. Those who later became nursing leaders in their own right – like Miss Li , Miss Liu and Miss Chou – were children of active Chinese Christians, including biblewomen, pastors and, notably, the first Christian convert in Honan. The family nature of religion experienced by the Canadians was replicated in China, not only because Chinese nurses had family ties to Christianity, but also because the Christian worldview encouraged nurses to re-image each other as part of the same spiritual family. They took seriously Paul's New Testament assertion to the Galatians that "ye are all the children of God by faith in Christ Jesus" regardless of ethnicity, nationality, class or gender. The nursing community they co-created in North Honan was comprised of Chinese and Canadians with similar values, beliefs and assumptions. Being "brothers and sisters in Christ" with Chinese nurses offered another layer of protection for Canadian missionary nurses; indwelled by the same Holy Spirit of God, Chinese nurses could be expected to have the same spiritual inspiration, direction and sustenance as Canadian nurses. However, this spiritual-familial relationship did not always withstand the economic and political pressures of the day. While many of the Chinese nurses (and doctors) remained committed to the North China Mission during periods of national upheaval and armed conflict, some absconded. Sometimes Chinese staff saw loyalty to the Canadians as disloyalty to China – especially during the Nationalist movement of 1927. At other times, fleeing meant self-preservation – as when the Chinese nurses fled the Weihwei compound during the Communist takeover in 1947, leaving Margaret Hossie and Clara Preston alone to care for seventy hospitalized patients. Although the Canadians themselves frequently chose to leave North Honan during periods of danger, they felt affronted and abandoned when Chinese exercised that same choice. Leaving the mission amounted to forsaking the family of Christian believers.

Religion was a family affair. Protection was proffered by being part of a religious community or "family" of believers. More than that, God himself promised protection to His followers. The missionaries depended on the Old Testament promise to Joshua that God would "never leave or forsake" them. Ever since the missionary's dramatic escape from the Boxers in 1900 the mission placed much faith in divine protection from harm. Crises were retrospectively depicted as opportunities to experience God in new ways; God revealed himself through suffering, pain and struggle. The survival of missionaries during various rebellions, revolutions and wars reinforced their belief that God was shielding them; God was intimately interested in and pleased with their work. As long as they were obedient to God's call, they did not have to fear. Yet, while protection from harm was an example of divine favor, suffering was not considered divine punishment. Rather, suffering was a necessary part of the Christian walk. It provided opportunity to grow in faith and experience God in new ways. To the missionaries, God revealed himself by blessing them as they "worked out their salvation" through individual and community prayer, scripture reading and service to others. When tragedy did strike, God revealed himself by giving them the strength to work through their own suffering.

Like nationality and religion, gender also played a protective role for Canadian missionary nurses at the North China Mission. All of the Canadian missionary nurses were female. Nursing was considered a suitable profession for young women because of the congruence between nursing and Christian values like altruism and service to the poor and sick. Missionary nursing offered ambitious, bright and adventurous single women unprecedented opportunities for world travel and challenging work. One might expect that the idea of their daughters traveling halfway around the world, to a country characterized by turmoil, for three to six years at a time, would have been met with resistance from family members. Yet, while there were hints at occasional family hesitancy or disapproval (e.g.: with Clara Preston and Margaret Gay), overall the material studied is conspicuously silent about any fears felt by those at home. Only one nurse – Miss Hargrave - decided against coming to China in 1938 because of opposition from her family. The lack of conflict between daughters and families might signify that such matters were too confidential to be documented, or that nurses benefited by writing about their experiences in a positive light. Or, it might signify that parents did not think they were sending their daughters off unprotected. God would protect them – so would missionary men. As single women, missionary nurses could count on the chivalry of the male-dominated mission organization. In this sense, gender and marital status could be used to advantage.

Throughout the history of the North China Mission, these otherwise fiercely independent and ambitious missionary women relied on the missionary men to support their cause. Male missionary physicians played pivotal roles in sponsoring and supporting the development of nursing in China: Harriet Sutherland, Jennie Graham and Margaret McIntosh would not have been in China were it not for Dr. Frazer Smith. Dr. Auld, Dr. Reeds and Dr. Bob McClure were unambiguous in their support of nursing. By committing to nursing, missionary men also committed to the protection of single missionary women. They ensured that separate residences were built for single female missionaries to protect their chaste reputations, and they went to great lengths to respond to calls for help. This was exemplified in 1900 when Rev. Harvey Grant traveled nine hours to rescue Margaret McIntosh and Martha MacKenzie at Chu-wang because of a message stating that they felt threatened. More dramatic still was Dr. James Menzies's response to calls for help by Sadie Lethbridge and Janet Brydon in 1920, and his subsequent murder. Through Menzies's death, single missionary women knew they could count on the protection of missionary men. When missionary nurses married, responsibility for their protection was shifted to husbands and their sponsoring missions.

To be a missionary nurse in North Honan also meant being part of an intimate household of single women. Gender brought together nurses with women physicians, teachers and evangelistic workers who ate, slept and played under a shared roof. Personal furnishings like tables, chairs, photos and gramophones helped to create a sense of home. With Chinese servants to care for domestic duties like cooking, cleaning and laundry, these women could return home after a day of work to an atmosphere of calm and a place of refreshment. An ebb and flow of work and refreshment was important to the missionaries, as evidenced by weekends of socializing, extended summer vacations at resort towns, and year long furloughs back to Canada. In each of these places, single women missionaries banded together into clusters of friendship and interdependence. The line between work and home blurred, especially between nurses and single women physicians like Dr. MacTavish and Dr. Forester. Besides living together, Clara Preston and Isabelle MacTavish were regular travel companions. The impact of their friendship on their work and visa versa is not clear from the record. Yet, it appears that their intimate relationship helped to level power differences at work. Indeed, there is a surprising lack of evidence of power conflicts between missionary nurses and physicians at all. While it is possible that earlier missionary nurses kowtowed to physicians, the lack of conflict between latter nurses and physicians might well be explained by the relatively high status given mishkids and senior missionaries. Having been reared together in North Honan, nurses and physicians like Bob McClure and Jean Menzies had already established a relationship of equality that carried over into the hospital setting. Senior missionaries like Margaret Gay, Janet Brydon, Jeannette

Ratcliffe and Clara Preston earned a level of respect through their decades-long commitment to the mission.

One of the most striking characteristics of the culture of nursing created at the North China Mission was the enduring presence of male Chinese nurses. Social mores in turn of the century China demanded that illness care be provided by members of the same gender; males were attended to by males, females by females. Earlier Canadian missionary nurses adapted to these mores by providing nursing care to males in the presence of male physicians. Latter missionary nurses adapted by separating male and female patients into gender-segregated wards and hospitals. Such gender separation was also a feature of nursing in Chengtu, West China. Yet, whereas Chengtu had separate training schools for male and female nursing students, the North China Mission integrated male and female students into the same training program. When Chengtu tested the idea of co-education by opening up the Men's Hospital training school for nurses to female students in 1934, the school was integrated for only two years: By 1936 all the students entering the school were female. Yet, at the North China Mission, males were integrated into hospital and public health nursing service, education and administration throughout the history of the mission. Given their own acculturation into nursing as a female profession in Canada, it seems incredible that Canadian missionary nurses at the NCM consistently accepted and supported a role for Chinese men in nursing. By creating a space for male Chinese nurses, Canadian nurses defied their own convictions that females made better nurses: They considered women to have a more compassionate and nurturing temperament deemed essential for good nursing care. Two possible explanations for this emerge from the data. First, it was not unusual for Canadian missionary nurses to privilege Chinese culture over Canadian when the needs of Chinese patients would be best served. For example, although places like the Peking Union Medical College taught nursing in English, the Canadians taught in Chinese. Keeping male nurses might better serve the needs of male Chinese patients. Second, the presence of male nurses offered some protection to the female nurses. Some, like Margaret Gay and Clara Preston, had experience with violent male patients. Others, like Janet Brydon and

Coral Brodie, had experience with brutal intruders and soldiers. Male students and graduate nurses added an element of safety to the culture of nursing.

Two questions resonate through this study. First, what brought – and kept – missionary nurses in such a violent setting? Second, what did missionary nurses actually accomplish in China? The first question can be most easily answered by the preceding discussion: Missionary nursing provided an unparalleled opportunity for personal and professional growth because of its cloistered nature. Within the boundaries of national, religious and gendered community, nursing flourished. Although they had opportunity to work elsewhere, these nurses preferred work in China to mission work in Canada (Home Missions hospitals in northern settings), Korea, Japan or India. Having invested in China, these nurses eschewed other settings because they did not seem to offer the same sense of challenge, privilege, and belonging. As a foreign mission field, China was unique. Not only was China exotic, with stunning ancient architecture and seaside resorts like Peitaiho, it was also hurting as a nation. Disease, famine, trauma, and disenfranchisement were pervasive. Canadian nurse's decisions to become missionaries were partially based on their impulse to save and to heal Honan. Their desire to return was more complex. Canadian missionary nurses developed enduring relationships with individual Chinese and with the community of Christians (Canadian and Chinese) in China. Their attachment to the unique features of the Honan mission cannot be overstated. They grieved each time doors to North Honan closed.

The answer to the second question can only be understood in relationship to the first. The professional accomplishments of Canadian missionary nurses in China did not occur in a vacuum, but within the (solid) physical and (fluid) social walls of the mission. The most progressive decade of missionary nursing was the 1930s. This was a time of relative peace, when foundational relationships with the Chinese had been laid, and when the mission hierarchy wholeheartedly supported the development of modern nursing. Within a relatively short time frame, Canadian missionary nurses not only helped to establish and develop modern hospitals, training schools and nursing services, they also formed professional organizations that linked nursing in North Honan to other parts of China through membership in the National Association of

China, and the International Council of Nurses. As a group, the Canadian missionary nurses were accomplished and bright women who placed a high value on post-secondary education. While others portrayed missionary nurses as members of a noble and even beatific profession, nurses portrayed themselves as scientific, modern and determined individuals who aimed to uphold the standards and traditions of the profession in Canada. For example, Margaret Gay endeavored to transplant "a bit of the VGH [Vancouver General Hospital] in the Orient." The missionary nurses incorporated Canadian nursing rituals, including the use of different nursing uniforms to indicate what level of training a nursing student held. They created a hierarchy of students, staff, educators and administrators that reflected the organizational structure found in Canadian hospitals. They provided education, mentorship and support to a growing cadre of both male and female Chinese nurses, and then moved aside as Chinese nurses stepped into leadership roles. Not only was missionary nursing a respectable vocation, it was their identity. Single nurses hired through the Woman's Missionary Society contributed to an understanding of missionary nursing as skilled, paid work – a public role. Married nurses contributed to an understanding of missionary nursing as an extension of family duties – a private role. Even when no longer employed, remunerated or acknowledged, married nurses could be counted on to provide nursing care in the homes of missionary families and, during crises, in the hospitals.

The hasty closure of the North China Mission in 1947 fatally severed missionary nursing there. At first glance it appears that external forces were responsible for the closure; Communist soldiers literally forced their way into the sheltered space. On closer inspection, however, it is apparent that the world of missionary nursing at the North China Mission was crumbling long before Canadians were expelled from the mission compounds. The myriad of structures that had supported missionary nursing in the past had weakened over time. Missionary nursing in China had always been dependent on China's compliance, the United Church's financial solvency, and the Woman's Missionary Society's commitment to tend to administrative details. It was also dependent on a reliable pool of prospective missionary nurses. To be suitable for missionary nursing, one required a unique blend of characteristics. These included an ability to live under harsh and uncertain conditions, an interest and ability to learn Chinese language, a willingness to leave family and friends for a period of years or even decades, a disinterest in material possessions, and a public commitment to religious ideals. One required mental tenacity, physical fortitude and spiritual depth – an ability to recognize suffering, and feel responsible (response-able) for it. The pool of prospective missionaries had been dwindling since the 1920s; with the exception of Honan mishkids, fewer nurses seemed interested in the life of a career missionary. And those nurses who were already part of the mission had been slowly losing their most precious resource: Hope. Even if China desired the continued presence of Canadians in North Honan, in reality missionary nursing was unsustainable.

When I first read Clara Preston's 1947 letter to the *Canadian Nurse*, it seemed that the story of Canadian missionary nursing in China had been left dangling as if in midsentence. Indeed, it was. After 1947 the voices of Canadian missionary nurses were silenced by their fear of placing Chinese colleagues at risk in Communist China. Their stories were obscured by the political disagreement within the United Church over the meaning of Communist rule to missions in China. And their modest accomplishments in North Honan were eclipsed by the dramatic expulsion of all foreigners from China in 1952. As successful as missionary nurses were at creating a culture of nursing within the boundaries of the North China Mission, external and internal pressures ultimately collapsed their cloistered world, and eradicated their dreams. Those who participated in the last years of missionary nursing witnessed its slow and painful demise. The death of the North China Mission produced an overwhelming sense of loss – but also an ashamed sense of relief.

Notes

---

[1] Among the first missionary nurses to Canada were Catholic sisters belonging to the religious order *Hospitalieres de la Misericorde de Jesus* in Dieppe. These nurses moved from France to staff the *Hotel Dieu* at Quebec in 1639. Two centuries later, the Sisters of Charity of Montreal (Grey Nuns) were sent from Quebec to distant regions of Canada and the United States. The Grey Nun's establishment of a mission in St. Boniface, Manitoba in the 1840s marked the beginning of Canadian missionary nursing activities. Paul, "Grey Nuns;" Nelson, *Say Little, Do Much*.

[2] To use Rosemary Gagan's term. Gagan, *A Sensitive Independence*.

[3] Jan Wong, *Jan Wong's China: Reports from a Not-So-Foreign Correspondent*. (Toronto: Doubleday, 1999).

[4] Kathryn McPherson, *Bedside Matters*. (Toronto: Oxford University Press, 1996).

[5] Austin, *Saving China*.

[6] Nelson, *Say Little Do Much*.

EPILOGUE

RETURN TO HONAN, 2003

As I stepped onto the train platform at Anyang [Changte] in October 2003, it occurred to me I might be the only Canadian nurse to do so since the United Church North China Mission was unceremoniously closed in 1947. Our train from Beijing through Shijiazhuang and Baoding to Henan [Honan] had been crammed with young urban professionals toting cell-phones and snack bags. The high-tech 21st century din that followed us from Beijing faded as my husband and I were escorted away from the train station, and toward the heart of Anyang. Before leaving Canada, I had worked with a Toronto travel agency to arrange for a driver and interpreter in China to escort us through Anyang [Changte] and Weihui [Weihwei] and to help us find sites of the former North China Missions. I dubiously accepted reassurances that it would be no problem to locate the former mission stations, even though there was no way to confirm ahead of time whether or not any NCM buildings survived the sixty-year interim. What if nothing was left? I reassured myself that, even if I found nothing tangible, it would be worth the trip to experience firsthand that which could not be divined from the data I had collected in Canada – that is, the feel of the Henan air, the smells and taste of local cooking, the sounds of spoken Chinese, and the sense of geographic space. To be a foreigner in China, I reasoned, would help me to better understand the Canadian nurses' experience.

My expectations, then, were quite low. I realized that much has happened in the previous sixty years to obliterate the former connection between Canada and China: Communication between the missionaries and their Chinese friends was severed after the Communist Revolution in 1949. I came to China with the belief that any sense of community that might have survived among the Honanese Christians themselves would have been severely tested, if not destroyed, during Mao Ze-dong's violent purging of all things foreign during the Great Proletarian Cultural Revolution (from 1966 until Mao's death in 1976). Although some Canadian missionaries were invited back to China during the 1980s as a way to acknowledge their humanitarian efforts in China, historic strands connecting Canadians with their Chinese friends and colleagues seem tenuous at best. Neither country seemed anxious to reestablish missionary ties. From what I've been told by Canadians, Chinese who participated in the Missionary Era faced punishment and persecution by the Communist government. It would make sense for Chinese not to admit past relationships with Canadians. In Canada, former missionaries and their children faced a different, subtle form of social pressure to hide their missionary past. Former China missionaries told me of making a conscious decision not to speak publicly of their experiences in China for fear that they might inadvertently place their Chinese friends in jeopardy. Never mind that China was half a world away; if "loose lips [could] sink ships," unintentional public identification of Chinese Christians could lead to persecution under the Communists. Severed communication between the countries left Canadian missionaries anxiously speculating about the fate of their Chinese peers for years.

By the time it was safe to voice their experiences in Canada, missionaries found that Canadians were no longer interested in what they had to say. Even the next generation of missionaries dismissed the "outdated" wisdom of their elders. The perceived "failure" of missionary efforts in China sparked debate among Canadian Christians regarding missionary methods and aims. As the Christian church grappled with questions of relevance and the role of foreign missions, the Canadian public began questioning the morality of mission work. Once portrayed as respected purveyors of the Christian faith, missionaries were now described as religious oppressors and cultural imperialists. Missionary's historic ride on the coattails of British colonialism became a lightening rod for academic criticism. For Canadian mishkids whose self-identity and self-worth was grounded in the belief that the efforts of their missionary parents and grandparents were noble and self-sacrificing, public and academic criticism of the missionary enterprise during the 1960s and 1970s triggered an identity crisis. In response, some mishkids chose to separate themselves from their family legacy, hiding their missionary past like a shameful closet skeleton. Ironically, by choosing to accept public and academic condemnation of missionary work, mishkids, like their missionary parents, inadvertently contributed to the silence surrounding missionary nursing in China. Yet, the passion with which participants shared their memories with me belied the depth of their feelings for China, and the indelibility of the mark that

China made on their lives. When it comes to China missions, disconnection with the past does not necessarily mean disinterest in it.

What happened to the WMS nurses after the NCM closed? By 1947 there were only five NCM nurses still under contract with the WMS. The three oldest nurses (Preston, Brydon & Gay) soon retired. Louise Clara Preston was ill when she returned to Canada in October 1947. She took three months sick leave, and then was appointed to the WMS hospital at Burns Lake, British Columbia, where she served as a Nursing Superintendent until 1952. She died in 1959.[1] Janet Brydon retired at London, Ontario in 1948, and died in 1982.[2] Margaret Gay retired in 1951, after an extended leave of absence. She died in 1973.[3] The two newest WMS recruits, Hossie and Turner, stayed in China for a few more years after the closure of the NCM. Helen Turner Nelson returned to Canada with her husband in 1951, and later settled in Scotland. She died from complications related to childbirth, in 1955.[4] Margaret Hossie married Mr. Bob Hart before returning together to Canada.[5]

The richness of the archival data available in Canada for this study meant that I could probably paint a fair portrait of Canadian missionary nursing at the NCM without ever visiting China. Yet, to do so would be something akin to painting a portrait from a few postcards. To understand (and hopefully portray) nursing more fully, I had to experience Henan firsthand – however superficially. I hoped that by placing myself within the geographic context within which nurses lived and worked would, I would be able to more clearly envision their world. Since I did not expect to pick up any dropped threads of human connection between Canada and Henan (how does one build a relationship with brick buildings?), I could think of only one way to search for the North China Mission; by dragging my husband halfway around the world to the small and dusty cities of Anyang and Weihui to see it for ourselves. In the end, we found more than we bargained for.

It wasn't until our hired driver pulled into the Roman Catholic compound in Anyang that I began to doubt our young guide's competence, and my sanity for investing so much into the uncertain discovery of evidence linking China's and Canada's pasts. Having been assured by the sister of one NCM missionary that her brother found many or most of the brick buildings intact during his visit in the 1980s, I anticipated a cluster of buildings in both cities being used for retail or other businesses. The morning after our arrival at the Anyang train station, our interpreter met up with us for breakfast at the hotel. Armed with photocopies of NCM photos dating back to the 1920s, we climbed into the battered sedan of our Chinese driver and headed through the dusty streets of Anyang. We passed by rows of Chinese taking their morning exercise on the cobblestone squares in front of office buildings – graceful, choreographed movements that looked similar to tai chi, except with swords and umbrellas. We drove by rows of modern storefronts interspersed with an occasional pagoda or temple. Then we turned into what looked like a gated parking lot.

As soon as I saw the crucifix above the compound gate, I knew we had the wrong place. The Chinese priest knew it too. After some discussion with our interpreter, the priest squeezed into the back seat with my husband and I and directed us to a second compound. Much like the first, this compound was located behind a six-foot wrought iron gate and was enclosed on four sides by a whitewashed brick fence. Three elderly Chinese women and one man came to greet us. The spokeswoman was about seventy years old. After some discussion with our interpreter, they led the three of us past a crumbling, two-story brick building on our left, to a long, low building facing the center courtyard from our right. In front of us was a large, new church building. After offering us tea and fruit, our Chinese hosts asked who we were and why we had come. I was feeling impatient by this time, certain that we had taken another wrong turn, and desiring to keep moving. As our interpreter spoke with the elderly woman, she nodded. Suddenly I heard something vaguely familiar- she said "*Loa dai fu*" which I recognized as the Chinese name for Dr. Robert McClure: *Loa Ming yuan*, the *dai fu* (doctor). I sat up straight, "yes, yes, *Loa dai fu*!" I exclaimed. A feeling of relief washed over me as our hostess left the room to fetch a copy of the history of what is now called *dong yang fang* (East Overseas House).

This *was* the former site of the NCM in Anyang – the East compound. Today the compound is much smaller than the original, comprised of 4.7 *mu* (approximately 4/5 of an acre) compared with the original 85 *mu* (approximately 14 acres). In 1952 the hospital (on the Hospital Compound) was given to the government and renamed the "People's Hospital." It is still named the Peoples Hospital, but has been housed in a new building since 1992. After the Communist takeover in 1949, the East Compound was occupied by the hospital administration, and Chinese Christians were forced to meet elsewhere. They gathered at *Ma hao* Street until the Cultural Revolution, during which all religious activities were banned. Since 1978, religious freedom was slowly recovered and, in 1984 a group was established called the "Anyang City Christianity Association." In 1992 4.7 *mu* of the original NCM property was returned to the Christian Association. In 1995, the group built a new Church – a "roman style" building that can accommodate 3000 [See Figure E.1]. Only two of the original NCM buildings remain, both former missionary residences. The elderly spokeswoman lives in the one that is said to have belonged to Jonathan Goforth. The association hopes to restore both buildings as "historic relics."

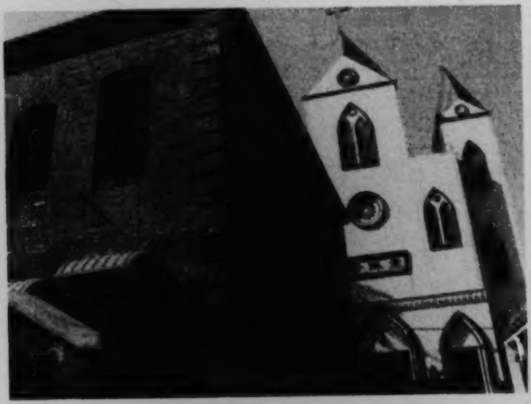


Figure E.1: New Church at Anyang, 2003
With Goforth's residence in foreground.
Photo credit: Martin Grypma

As exciting as it was to wander through the four sparse bedrooms and rickety stairwell of "Goforth's House," taking in the stark fixtures, views from the windows and the bullet ridden exterior ("from the war with Japan," we were told), the most moving part of the trip to Anyang occurred in the new church building. This church has the conventional structure of a western Christian church – wooden pews facing a main platform with a pulpit, itself flanked by two pianos. Our hosts, somewhat wary of the reason for our visit ("are you Christians?" they ask), gave reserved answers to our initial questions. It was frustrating to not be able to communicate – even body language was undecipherable. Then my husband, a pianist, gestured towards the piano. "May I?" he asked. He started to play the old hymn *How Great Thou Art*. Then the elderly spokeswoman started to sing, in Chinese. I joined her, in English. The others looked on and smiled as the two of us stumbled our way through *Lead Me; Guide Me*, and *Amazing Grace*. By the end of the song, we were arm in arm, eyes glistening. Time, nationality, language and distance melted away and, for a moment I understood what it meant for a Canadian nurse to connect with a Chinese Christian.

Having discovered that the Canadian missionaries left a tangible legacy at Anyang, I was less anxious about what we would or wouldn't find at Weihui/ Xinxiang. The trip from Anyang to Xinxiang was a mere 90 minutes by car along a paved highway – a far cry from the sedan chairs and mule carts of a century earlier. As we wound through the narrow, dirt streets of Weihui asking for directions, I had more confidence in our driver and interpreter's ability to sniff out the former NCM mission site. They stopped at virtually every street corner, asking the oldest person sitting there for help. Weihui struck me as having more in common with rural towns in Kenya or Uganda than other parts of China I had visited: dusty, one story buildings were crowded together, many selling wares or fresh food. People were crouched in front of buildings, washing dishes, visiting and playing games. Once again we came upon a Catholic compound. And once again someone there gave directions to the Protestant compound – apparently alongside a highway. Finding a gate with a small iron cross above it, we pulled over. The gate was locked and there was no one inside. Helpful neighbors suggested we go to the fields to locate the resident minister – apparently he was helping out with the wheat and cotton harvest. After two fruitless hours of driving along the edge of Weihwei, we decided to return to the Protestant compound, to at least take photos from the outside. To our delight, the gate was opened.

Awaiting us were six young men and women, to whom I showed old photos of the NCM mission. One woman began to nod and point. She scrambled into the car with us to direct us. Apparently we were at the new location for Chinese Christians, not at the actual NCM site. We drove for twenty minutes back through the narrow streets of town, and then turned a corner through a gate, into what looked like a large hospital compound. The cluster of buildings inside were not unlike a hospital complex in Canada, with multi-storied, modern buildings facing a small central park, complete with a gazebo. What caught my attention was the smaller building directly ahead of us. I recognized it from the old photos: the original Weihwei Hospital!

The hospital was essentially boarded up. As I peeked through the windows of the front door, I noticed a clutter of furniture and boxes – How I would have loved to wander through! Its exterior had recently been painted – gray blue with white lines to set off the outline of the original bricks. It was being preserved, we were told, as a "historic relic." The city was hoping to restore the building as a tourist site – not to depict mission history, but an example of older Chinese hospitals. It is now on the grounds of the Xinxiang Medical College [See Figure E.2]. When we returned to the first compound to bring back our guide, we found a news reporter waiting for us. She told me that she wanted to know the history of their church, and of the hospital. I gave her a rough overview, telling her I would have more details when my study was completed. The opportunity to return to China with this piece of missing history would, in some ways, close the circle that signifies the China-Canadian relationship that began in Henan in 1888.

Figure E.2: Former Weihwei Hospital, 2003
With Xinxiang Medical College Hospital in Background
Photo credit: Martin Grypma

Notes

---

[1] UCCVUA Bio File Clara Preston.
[2] UCCVUA Bio File Janet Brydon.
[3] UCCVUA Bio File Margaret Gay.
[4] Peter Nelson, telephone conversation.
[5] Nelson, telephone. Mr. Nelson corresponded with Margaret (Hossie) Hart as recently as a couple of years ago. I sent a letter of inquiry to a home address he provided, but it was returned by the post office.

BIBLIOGRAPHY

Primary Sources

Archive Collections

Alumnae Association of the Winnipeg General Hospital:

WGH Yearbook *Blue and White*, Class of 1923
Alumnae Scrapbook
Alumnae Journal, 1914 – 1942.

Emory University Robert W. Woodruff Library:

Philip Jaffe Fonds.

Glenbow Museum:

Craigie, Lillian Bertha. WMS Minutes and Reports 1926 – 1949.
Central United Church. WMS Papers, 1933 – 1949.
Photo Collection.
Red Cross Files. 1941 – 1945.

Grey Sisters of Immaculate Conception of Pembroke Archives:

Grey Sisters in China 1929 – 1952.

National Archives of Canada:

Peter Stursberg Fonds (interview of Dr. Robert McClure).
Ted Allen Fonds.

United Church of Canada/ Victoria University Archives:

Presbyterian Church in Canada Woman's Missionary Society 1876 – 1927

Accession no. 79.205 C
Fonds 127, FA 226
Boxes 12, 19

United Church of Canada Board of Overseas Missions

Accession no. 83.045C
Fonds 502, FA 186
Series 4/3: China (Honan) Mission 1912 - 1952
Boxes 1 – 3, 5 – 10, 12, 13, 16 - 18, 40, 41

United Church of Canada Board of World Missions

Accession no. 83.041
Fonds 503, FA 321
Series 5: China 1888 – 1969
Box 3

United Church of Canada Woman's Missionary Society

Accession no. 83.058C
Fonds 505, FA 90
Series 3: China (Honan) 1925 - 1955
Boxes 56 - 58

United Church of Canada Woman's Missionary Society

Accession no. 83.058C
Fonds 505, FA 90
Series 5: China (West) 1935 – 1952
Boxes 61 – 63

United Church of Canada Biographical Files (Bio Files).

United Church of Canada Photograph Collection (Graphic Files).

United Church of Canada Microfilm Collection

BX 9001. A40 PS Microfilm 25

Honan Messenger. Accession no. BV 3420.H6hmps

Margaret Brown (n.d.), *History of the Honan (North China) Mission of the United Church of Canada, Originally a Mission of the Presbyterian Church in Canada*. Volumes 1 – 4 (1500 pages).

Norman MacKenzie Papers. Accession no. 89.155C FA 316

University of Alberta JW Scott Library:

Balme, Harold, and Milton T. Shauffer, "An Enquiry into the Scientific Efficiency of Mission Hospitals in China," 1-39. Presented at the *Annual Conference of the China Medical Missionary Association*, February 21-27, 1920 Peking (microfiche).

Wellington County Museum and Archives:

Brydon (Eramosa township) Family File.
"Going to Mission Field," *Fergus News Record*, 19 July 1917

Vancouver General Hospital Alumnae:

1926 Vancouver General Hospital Students Annual

Published Memoirs and Biographies

Beaton, Kenneth. *Serving with the Sons of Shuh: Fifty Fateful Years in West China, 1891-1941.* (Toronto, United Church of Canada, 1941).

Copland, Marnie. *Moon Cakes and Maple Sugar.* (Burlington, ON: G.R. Welch, 1980).

Frazer Smith, James. *Life's Waking Part: Being the Autobiography of Reverend James Frazer Smith.* (Toronto: Thomas Nelson and Sons, 1937).

Goforth, Rosalind. *Goforth of China* (Toronto: McClelland and Stewart, 1937).

Goforth, Rosalind. *Jonathan Goforth.* Minneapolis: Bethany, 1986. Originally published as *Goforth of China* (Toronto: McClelland and Stewart, 1937).

Goforth, Jonathan, and Rosalind Goforth. *Miracle Lives of China.* (Grand Rapids: Zondervan, 1931).

Huizenga, Lee S. *Unclean! Unclean* (Grand Rapids, MI: Smitter Book Co., 1927).

Hummel, Marion F. Menzies. *Memoirs of a Mishkid.* Compiled and Edited by Elizabeth Mittler. (Beamsville, ON: Editor, 2001).

Johns, Martin W. *Bamboo Sprouts and Maple Buds.* (Author, 1992).

MacKenzie, Murdoch. *Twenty-five years in Honan.* (Toronto: Presbyterian Board of Foreign Missions, 1913).

Preston, Louise Clara. *Flowers Amongst the Debris: A Canadian Nurse in War Torn China.* Letters Compiled by Dr. Preston Robb (Brockville ON: Preston Robb, *n.d.*).

Struthers, Ernest B. *A Doctor Remembers: Days in China and Korea.* (Author, 1976).

Smith, William Edward. *A Canadian Doctor in West China: Forty Years Under Three Flags.* (Toronto: Ryerson Press, 1939).

Taylor, Mrs. Howard. *Guinness of Honan,* (Toronto: China Inland Mission, 1930).

Books, Monographs, Periodicals and Newspapers

A Nurse Who Knows. "The Mission Field." Canadian Nurse Vol. XXXI No. 4 (April 1935): 163.

Austin, B. F. *Woman, Her Character, Culture and Calling: A Full Discussion of Woman's Work in the Home, the School, the Church, and the Social Circle.* (Brantford, ON: Book and Bible House, 1890).

Beach, Harlan P. "Statistics of Missions in China for 1904." *Dawn on the Hills of T'ang: Missions in China* (New York: Student Volunteer Movement for Foreign Missions, 1905; original version published in 1898): Appendix E.

Beets, Henry. "China as a Mission Field." *Toiling and Trusting: Fifty Years of Christian Reformed Missions* (Grand Rapids, MI: Grand Rapids Printing, 1940).

Brydon, Janet L. "Opportunities in China." *Canadian Nurse* 33, no. 6 (1937): 272.

Bond, Geo J. *Our Share in China and What We are Doing With It.* (Toronto: Missionary Society of the Methodist Church, 1909).

Chapleau, J. A. "The Chinaman in China." *Report on the Royal Commission on Chinese Immigration: Report and Evidence.* (Ottawa: Royal Commission, 1885).

Chong, Thelma. "Adventure in Canton." *Canadian Nurse* 39 (2) (1943): 131-4.

Gay, Margaret. "Nursing in China." *Canadian Nurse* Vol. XXIX No. 8 (1933): 414-6.

Genevieve, Sister M. "From China." *Canadian Nurse* Vol. XXI No. 12 (1935): 542.

Gibberd, Grace W. "A Call to Service." *Canadian Nurse* Vol. XXXVI No.? (1940): 210.

Hawks Pott, F. L. *The Emergency in China* (New York: Missionary Education Movement of the United States and Canada, 1913).

"Heavy Fighting in North China," *North China Herald (*14 July 1937): 52-3.

Hermanson, Hilda. "Letters from Near and Far." *Canadian Nurse* 42 (11) (1946): 978-9.

"Interesting People." *Canadian Nurse* 42 (12) (1946): 1038-9.

"Interesting People." *Canadian Nurse* 42 (10) (1946): 886.

Jamme, Anna C. "Nursing education in China." *American Journal of Nursing* 23 (1[illegible]): 666-74.

Kelsey, Susie. "In a Concentration Camp in China." *Canadian Nurse*, 40 (7) (1944): 480-2.

Lacy, Creighton. "The Missionary Exodus From China." *Pacific Affairs* 28, no. 4 (1955): 301-14.

Leslie, Isabel. "A Good Word from China." *Canadian Nurse* 30 (5) (1934): 210.

Lum, Noreen. "From a Chinese School." *Canadian Nurse* Vol. XXXI No. 12 (December 1935): 542.

McIntosh, Muriel. "Nursing in China." *Canadian Nurse* Vol. XXXVII No. 1 (1941): 17-20.

Murray, Constance. "A Repatriate from Hong Kong." Canadian Nurse 42 (3) (1946): 242-3.

Preston, L. Clara. "In a Chinese Setting," *Canadian Nurse* Vol. XXXII No. 10 (1936): 480.

------. "Difficult times in China." *Canadian Nurse* Vol. XXXV No. 12 (1939): 689-90.

------. "Nursing in Chungking." *Canadian Nurse* 39 (2) (1943): 144-6.

------. "Nursing in China." *Canadian Nurse* 43 (3) (1947): 217-8.

Radcliffe [Ratcliffe], Jeannette. "War in Weihwei." *Canadian Nurse* Vol. XXXIV No. 7 (1938): 356-8.

Reimer, Helena. "Letters from Near and Far." *Canadian Nurse* 42 (10) (1946): 899-900.

Stewart, Isabel M. "Report on Nursing Education in Countries Affiliated with the International Council of Nurses." *Canadian Nurse* 27 (1926): 43.

"The Refugees at Hankow: Good Work by Gallant Doctors and Nurses." *North China Herald* (26 January 1932): 110.

"Toronto General Hospital Alumnae Association", *Canadian Nurse*, (October 1926): 547.

Vancouver General Hospital Students Annual, 1926.

"Woman's Search for Nirvana," *North China Herald*, (12 January 1932): 45.

Private Collections: Documents and Photos

Brydon, Janet. (Letters, photos). Courtesy Howard Parkinson.

Brodie, Coral. (Photos). Courtesy Frances Kennedy Fraser, Karen James.

Gay, Margaret. (Letters, photos, memoirs, and 1926 Vancouver General Hospital Students Annual). Courtesy Muriel Gay, Irene Pooley.

MacHattie, Janet Sutherland MacDonald. ("MacHattie Chronicles.") Courtesy Dr. Mary Struthers McKim.

MacKenzie, Florence [Liddell] (Photos). Courtesy Louise McLean.

North China Mission (Photos). Courtesy Dr. Mary Struthers McKim.

North China Mission (Photos, documents). Courtesy Isobel Struthers Staal.

Preston, Clara. (Letters, photos, memoirs). Courtesy Jean Skinner, Ward Skinner, Doug Skinner.

Ratcliffe, Jeannette. (Letter). Courtesy Dr. Mary Struthers McKim.

Struthers, Dr. E.B. (Letters, photos, documents). Courtesy Dr. Mary Struthers McKim.

Struthers, Dr. G. (Letters, photos, documents). Courtesy Dr. Mary Struthers McKim, Isobel Struthers Staal.

Thomson, Elizabeth [Gale]. (Letters, photos, diary, film). Courtesy Margaret Gale Wightman.

Turner, Helen [Nelson]. (Memoirs, photos). Courtesy Peter Nelson.

Interviews and Personal Communication

Rev. Doug Brydon	(Janet Brydon)
Betty Beatty	(Clara Preston)
Frances Fraser	(Coral Brodie)
Muriel Gay	(Margaret Gay)
Marilyn Harrison	(Elizabeth Thomson Gale)
Arthur A. Kennedy	(Coral Brodie)
Karen James	(Coral Brodie)
Peter Nelson	(Helen Turner Nelson)
Sister Rita McGuire	(Grey Sisters of Immaculate Conception of Pembroke)
Dr. Mary McKim	(North China Mission)
A. Louise McLean	(Florence MacKenzie Liddell)
Irene Pooley	(Margaret Gay)
Hazel Page	(CIM)
Howard Parkinson	(Janet Brydon)
Judy Preston	(Clara Preston)
Barb Putnam	(Elizabeth Thomson Gale)
David Shepperd	(Coral Brodie)
Isobel Struthers Staal	(North China Mission)
Doug A. Skinner	(Clara Preston)
Jean Skinner	(Clara Preston)
E. G. (Ward) Skinner	(Clara Preston)
Lillian Taylor	(Helen Turner Nelson)
Muriel Thomson Valentien	(Elizabeth Thomson Gale)
Doris Weller	(CIM)
Margaret Gale Wightman	(Elizabeth Thomson Gale)

Secondary Sources

Printed Secondary Sources

Austin, Alvyn. *Saving China: Canadian Missionaries in the Middle Kingdom, 1888 – 1959* (Toronto: University of Toronto Press, 1987).

Beaton, Janet, and Marion McKay. "Carolyn Wellwood: Pragmatic visionary." *Canadian Journal of Nursing Leadership,*12(4) (1999): 30-3.

Bickers, Robert A. "'To Serve and Not to Rule': British Protestant Missionaries and Chinese Nationalism, 1928-1931." *Missionary Encounters: Sources and Issues.* (Richmond, UK: Curzon Press, 1996), 211-14.

Blaufuss, Mary Schaller. "De-centered and De-centering Missiology: A Search for New Relationships and New Terminology." *Asia Journal of Theology* (2003): 428-48.

Bloch, Marc. *The Historians Craft* , 5th ed. Translated by Peter Putnam (Toronto: McClelland and Stewart, 1979).

Brouwer, Ruth Compton. *New Women for God: Canadian Presbyterian Women and India Missions, 1876 – 1914* (Toronto: University of Toronto Press, 1990).

Cameron, Elspeth. "Truth in Biography," in In *Boswell's Children: The Art of the Biographer.* Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992), 27-32.

Caughey, Ellen. *Heroes of the Faith: Eric Liddell: Olympian and Missionary* (Uhrichsville, OH: Barbour, 2000).

Chambers, Oswald. *My Utmost for His Highest: Special Updated Edition* (Grand Rapids, MI: Discovery House, 1995).

Chan, Sally, and Frances Wong. "Development of Basic Nursing Education in China and Hong Kong. *Journal of Advanced Nursing,* 29 (6)(1999): 1300-07.

Chen, Kaiyi. "Missionaries and the Early Development of Nursing in China." *Nursing History Review,* 4 (1996): 129 – 49.

------. "Quality Versus Quantity: The Rockefeller Foundation and Nurses Training in China." *Journal of American East Asian Relations* 5 (1) (1996): 77-104.

Cheung, Yuet-wah. *Missionary Medicine in China: A Study of Two Canadian Protestant Missions in China Before 1937 (* Lanhan, MD: University Press of America, 1988).

Chung, Jung. *Wild Swans: Three Daughters of China.* (New York: Random House, 1991).

Chung-tung, Liu. "From San Gu Liu Po to 'Caring Scholar:' The Chinese Nurse in Perspective." *International Journal of Nursing Studies* 28 (4) (1991): 315-24.

Cruikshank, Kathleen. "Education History and the Art of Biography," *American Journal of Education,* 107 (3) (1999): 231-9.

Doona, Mary Ellen. "Linda Richards and Nursing in Japan." *Nursing History Review* 4 (1996):

99 – 128.

Endicott, Shirley Jane. *China Diary: The Life of Mary Austin Endicott*. (Waterloo, ON: Wilfred Laurier Press, 2003)

Endicott, Stephen. *James G. Endicott: Rebel out of China* (Toronto: University of Toronto Press, 1980).

Ewen, Jean. *China Nurse, 1932 – 1939: A Young Canadian Witnesses History*. (Toronto: McClelland and Stewart, 1981).

Fitzpatrick, M. Louise. "Historical Research: The Method." *Nursing Research: A Qualitative Perspective*, 2nd ed. Edited by Patricia Munhall and Carolyn Oiler Boyd (New York: National League for Nursing Press, 1993).

Gagan, Rosemary. *A Sensitive Independence: Canadian Methodist Women Missionaries in Canada and the Orient, 1881-1925* (Montreal & Kingston: McGill-Queens University Press, 1992).

------. "The Methodist Background of Canadian WMS missionaries." In *Canadian Methodist Historical Society Papers*, edited by Neil Semple, 7 (1992): 115-36.

Garrison, Dee. "Two Roads Taken: Writing the Biography of Mary Heaton Vorse." *The Challenge of Feminist Biography*. Edited by S. Alpern, J. Antler, E.I. Perry and I. W. Scobie (Urbana: University of Illinois Press), 65-78.

Gordon, Sydney, and Ted Allen, *The Scalpel, the Sword: The Story of Doctor Norman Bethune*, 3rd ed. (New York: Monthly Review Press, 1973).

Grypma, Sonya. "Neither Angels of Mercy nor Foreign Devils: Re-Visioning Canadian Missionary Nurses in China, 1935 – 1947." *Nursing History Review* 12: 97-119.

------. "James R. Menzies: Healing and Preaching in Early 20th Century China." *Canadian Medical Association Journal*, 170 (1) (2004): 84 – 5.

------. "Critical Issues in the Use of the Biographic Method." *Nursing History Review* (in press).

Halpenny, Francess. "Expectations of Biography." *Boswell's Children: The Art of the Biographer*. Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992), 3-26.

Harrold, Trudy A. *On Highest Mission Sent: The Story of Health Care in Lamont, Alberta*. (Lamont, AB: Lamont Health Care Centre, 1999).

Hunter, Jane. *The Gospel of Gentility: American Women Missionaries in Turn of the Century China* (Westford: Yale University Press, 1984).

James, Peter D. "Book review: Saving China: The History Behind the Mission," *Quill & Quire* 52(1986): 47.

Lynaugh, Joan. "The Importance of Writing History as Narrative: Bringing Nurses and Nursing Events Alive." *Nursing History Review*, 8 (2000): 1

McCasland, David. *Eric Liddell: Pure Gold* (Grand Rapids, MI: Discovery House, 2001).

McPherson, Kathryn. *Bedside Matters*. (Toronto: Oxford University Press, 1996).

Maggs, Christopher. "A History of Nursing: A History of Caring?" *Journal of Advanced Nursing,* 23 (3) (1996): 630-35.

Martin, Ged. "Foreword: Biography and History." *Boswell's Children: The Art of the Biographer.* Edited by R. B. Fleming. (Toronto: Dundurn Press, 1992): ix-xv.

Maxwell, Grant. "Partners in mission: The Grey Sisters." *Assignment in Chekiang: Seventy-one Canadians in China, 1902 – 1954* (Scarborough, ON: Scarboro Foreign Mission Society, 1984): 126 - 42.

Morley, Patricia. "Book Review: Holier than Mao." *Books in Canada,* 16 (1987): 29.

Munhall, Patricia. "Ethical Considerations in Qualitative Research." *Nursing Research: A Qualitative Perspective,* 2rd ed. Edited by Patricia Munhall and Caroline Oiler Boyd. (New York: National League for Nursing Press, 1993).

Negodaeff Tomsik, Margaret. *Honour Due: The Story of Dr. Leonora Howard King.* (Ottawa: Canadian Medical Association, 1999).

Nelson, Sioban. *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century.* (Philadelphia: University of Pennsylvania Press, 2001).

------. "The Fork in the Road: Nursing History vs. the History of Nursing?" *Nursing History Review,* 10 (2002): 175-88.

New, Peter Kong-Ming, and Yuet-wah Cheung, "Early Years of Medical Missionary Work in the Canadian Presbyterian Mission in North Honan, China, 1887 – 1900." *Asian Profile,* 12 (5) (1984): 409 – 23.

Nock, David A. "Biographical Truth." In *Boswell's Children: The Art of the Biographer.* Edited by
+
R. B. Fleming. (Toronto: Dundurn Press, 1992), 33-40.

Palmer, Howard. "Patterns of Immigration and Ethnic Settlement in Alberta, 1880-1920." *People of Alberta: Portraits of Cultural Diversity.* Edited by Howard Palmer and Tamara Palmer (Saskatoon, SK: Western Producer Prairie Books, 1985): 1-27.

Pang, Samantha Mei-che. *Nursing Ethics in Modern China.* (Amsterdam: Rodopi, 2003).

Paul, Pauline. "The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographic Issues." *Canadian Bulletin of Medical History,* 11(1994): 207-17.

------." The History of the Relationship Between Nursing and Faith Traditions." In *Nursing Within a Faith Community,* edited by Margaret B. Clark and Joanne K. Olson (Thousand Oaks, CA: Sage, 2000): 59– 75.

Riegler, Natalie. "Some Issues to be Considered in the Writing of Biography," *Canadian Bulletin of Medical History,* 11(1) (1994): 219-27.

Ross Kerr, Janet C. "Nursing History at the Graduate Level: State of the Art. *Canadian Bulletin of Medical History* 11(1)(1994): 229-36.

------. *Prepared to Care: Nurses and Nursing in Alberta* (Edmonton: University of Alberta Press, 1998).

Scott, Munroe. *The China Years of Dr. Bob McClure* (Toronto: Canec, 1977).

Shemo, Connie Anne. "'An Army of Women': The Medical Ministries of Kang Cheng and Shi Meiyu, 1873 – 1937." (Ph.D. diss., Binghamton, State University of New York, 2002).

Sklar, Kathryn Kish. "Coming to Terms with Florence Kelly: The Tale of a Reluctant Biographer." *The Challenge of Feminist Biography: Writing the Lives of Modern American Women.* Edited by S. Alpern, J. Antler, E. I. Perry and I. W. Scobie (Urbana: University of Illinois Press, 1992): 17-33.

Smedley, Agnes. *Battle Hymn of China* (New York: A.A. Knopf, 1943).

Snow, Edgar. *Red Star over China* (London: V. Gollancz, 1937).

------. *Random Notes on China, 1936 – 1945,* 4th ed. (Cambridge, MA: Harvard University Press, 1974), 64 – 66.

Spence, Jonathan D. *The Search for Modern China* (New York: W.W. Norton, 1990).

Stewart, Roderick. *The Mind of Norman Bethune.* (Toronto: McGraw-Hill Ryerson,1990).

Stursberg, Peter. *The Golden Hope: Christians in China.* (Toronto: United Church Publishing House, 1987).

------. *No Foreign Bones in China: Memoirs of Imperialism and Its Ending* (Edmonton: University of Alberta Press, 2002).

Thomson, Murray McCheyne. *A Daring Confidence: The Life and Times of Andrew Thomson in China, 1906 – 1942.* (Ottawa: Author, 1992).

Turale, Sue, and Lu Hui Qing. "Six Decades of Nursing Service in China: The Life Experiences of Lu Hui Qing." *International History of Nursing Journal* 6 (1) (2001): 80-3.

Vohra, Ranbir. *China's Path to Modernization: A Historical View from 1800 to the Present* (Upper Saddle River, NJ: Prentice Hall, 2000).

Wale, Nym. [Helen Foster Snow], *Inside Red China* (New York: Doubleday, Doran & Co., 1939).

Wang, Yong. "Mission Unfinished: The United Church of Canada and China, 1925 – 1970." (Ph.D. diss., University of Waterloo, Canada, 1999).

Watt, John. "The Development of Nursing in Modern China, 1870 – 1949." *Nursing History Review,* 12 (2004): 67-96

Wexler, Alex. "Emma Goldman and the Anxiety of the Biographer." *The Challenge of Feminist Biography."* Edited by S. Alpern, J. Antler, E.E. Perry and I.W. Scobie. (Urbana: University of Illinois Press), 34-50.

Wong, Jan. *Jan Wong's China: Reports from a Not-So-Foreign Correspondent.* (Toronto: Doubleday, 1999).

Wood, Frances. *No Dogs and Not Many Chinese: Treaty Port Life in China, 1843-1943* (London, UK: John Murray, 1998).

Xiang-dong, Li, and Sonia Acorn. "The Evolution of Nursing Administration in China." *International Nursing Review,* 46(3)(1999): 91-4.

Zilm, Glennis, and Ethel Warbinek, *Legacy: History of Nursing Education at the University of British Columbia, 1919 – 1994*. (Vancouver, BC: UBC School of Nursing, 1994).

Websites

Across the Generations: A History of Chinese in Canada: http://collections.ic.gc.ca/generations/community/community.html

Michigan State University Museum: http//museum.cl.msu.edu/museum/msgc/june98.htm

Conference Proceedings

Beaton, Janet. "Canadian Missionary Nurses in China: 1894 – 1951," Paper presented at the 14th Annual Conference of the *Canadian Association for the History of Nursing* (9 June 2001).

Videos

The Story of Eric Liddell: An Olympic Gold Medalist's Lifelong Race to Spread the Gospel. A Day of Discovery Television Production. Produced by RBC Ministries. 90 min. Videocassette.

Forbidden No More: The Story of Rugao. Produced by Christian Reformed World Missions, 2002. 12 min. Videocassette.

APPENDIX 1

LIST OF MISSIONARY NURSES

WMS NURSES

WMS Nurses	Date of Birth	Birthplace	Father's Occupation	Dates in China under WMS	Total years as WMS Nurse
Harriet Sutherland (*Corbett*)*	?	?	?	1888-1889	1
Jennie Graham	?	Simcoe County, ON	? (Sister to Dr. Lucinda Graham)	1889-1891	2
Margaret MacIntosh	6 Jan 1857	Guelph, ON	?	1889-1927	38
Margaret Gay	12 Aug 1886	Toronto, ON	?	1910-1941	31 (10 years in Canada)
M E Maisie McNeeley (*Forbes*)*	?	?	?	1914-1916	2
Mrs Jeanette McCalla Ratcliffe **	5 Oct 1876	St Catherines, ON	? (Sister to Dr. Susan McCalla Grant)	1916-1940	24
Janet L Brydon	30 Sept 1886	Eramosa Township, ON	Farmer	1917-1939	22
Margaret Mitchell	?	Scotland	?	1916-1935	19
Isabel Leslie (*Fleming*)*	?	?	?	1920-1937	17
Eleanor Galbraith (*Bridgman*)*	11 April 1896	St Johns County, NB	?	1920-1920	1
Margaret M Straith (*Fuller*)*	3 July 1890	Holstein, ON	?	1921-1921	1
L Clara Preston	23 March 1891	Boissevain, MN	Businessman (Industrialist)	1922-1947	25
Jean Menzies (*Stockley*)*	9 March 1898	Changte, Honan, China	NCM Missionary (James R & Davina Robb Menzies)	1923-1927	4
Coral Brodie	3 May 1897	Bethesda, York, ON	Farmer	1923-1940	17
Georgina Menzies (*Lewis*)*	27 Sept 1906	Hwaiking, Honan, China	NCM Missionary (James R & Davina Robb Menzies)	1931-1939	8
Allegra Doyle (Smith)	12 Nov 1905	Sperling, MN	?	1931-1935	4
Mary Boyd (*Stanley*)*	10 April 1916	Hwaiking, Honan, China	NCM Missionary (HA & _ Boyd)	1939-1940	1
Dorothy Boyd (Johnston)	21 Sept 1913	Hwaiking, Honan, China	NCM Missionary (HA & _ Boyd)	1939-1941	2
Elizabeth Thomson (*Gale*)*	22 June 1911	Changte, Honan, China	NCM Missionary (Andrew & Margaret McKay Thomson)	1939-1940	1
Helen Turner (*Nelson*)*	1 Aug 1918	Carlingford, ON	?	1947-1950	3
Margaret Hossie	?	?	?	1947-1949	2

* Married China missionary after arrival; stayed in China, but no longer under WMS
** Widowed before coming to China

MARRIED NURSES at NCM (under auspices of husband's mission board)

Missionary Wives	Date of Birth	Birthplace	Father's Occupation	Dates in China	Total Years in China as missionary
Christina *Malcolm*	?	?	?	1892 –1896 (died)	4
WC *Netterfield*	?	?	?	1921-1923?	2
M *Roulston*	?	?	?	1926-1940	14
Marion Fisher *Faris*	?	?	?	1925-1937	12
Mrs. *MacKinley**	?	?	?	1931-1933	2
Florence MacKenzie *Liddell***	?	North Honan	NCM Missionary (Hugh & Agnes MacKenzie)	1934-1939	5
Dorothy Lochead *MacKenzie*	?	North Honan	NCM Missionary (Arthur & Jessie Lochead)	1945-1950?	5
Harriet *Alexander****	?	?	?	1946 - 1946	0.5

* Volunteered with husband

** Returned to China after nurses training, but not under NCM

*** At NCM for 6 months with FAU

OTHER

Church of England (Anglican) Nurse	Date of Birth	Birthplace	Father's Occupation	Dates in China	Total years in China
Susie Kelsey	?	?	?	1924 – 1949	27

note: Miss M L Hargrave was hired by the WMS in 1937. She resigned in 1938 before coming to China because of opposition from her family

MARRIED NURSES:

List of WMS Nurses Who Resigned to be Married

Name	Date of Arrival in China	Date of Resignation	Husband	Husband's Mission (China)	Date of Departure from China	Total Years in China
Harriet Sutherland	1888	1889	Rev. Dr. Hunter Corbett	American Presbyterian	"many years, until her death"	?
Maisie McNeeley	1914	1916	Rev. H. Stewart Forbes	NCM	1940	26
Isabel Leslie	1920	1937	J.T. Fleming	NCM	1939	19
Eleanor Galbraith	1920	1920	Rev. H. T. Bridgman	South Presbyterian Mission (USA)	?	?
Margaret Straith	1921	1921	Glen Fuller	?	?	?
Jean Menzies	1923	1927	Dr. Handley Stockley	English Baptist Mission	1945?	22?
Georgina Menzies	1931	1939	Dr. John Lewis	Baptist Missionary Society	1945?	14?
Allegra Doyle	1931	1935	Douglas Smith	N/A	1935	4
Mary Boyd	1939	1940	Charles Johnson Stanley	Foreign student at Peking	1945?	6?
Dorothy Boyd	1939	1941	Phillip Johnston	N/A	1941	2
Elizabeth Thomson	1939	1940	Dr. Godfrey Gale	LMS (England)	1945	6
Helen Turner	1947	1950	Peter Nelson	English Baptist Missionary Society	1951	4

APPENDIX 6

FOUR TYPES OF MISSIONARY NURSES

WMS Nurses who Remained Unmarried

Jennie Graham*
Margaret MacIntosh
Margaret Gay
Jeanette Ratcliffe (previously widowed)
Janet Brydon
Margaret Mitchell
Clara Preston
Coral Brodie
Margaret Hossie*

WMS Nurses who Resigned to be Married

Harriet Sutherland
Maisie McNeeley
Isabel Leslie
Eleanor Galbraith
Margaret Straith
Jean Menzies**
Georgina Menzies**
Allegra Doyle
Mary Boyd**
Dorothy Boyd**
Elizabeth Thomson**
Helen Turner

FMB Missionary Wives who were also Nurses

Christina Malcolm
M. Roulston
W.C. Netterfield
Marion Fisher Faris
Mrs. MacKinley
Harriet Alexander
Dorothy Lochead MacKenzie**

Mishkid Nurses at other (non-NCM) missions

Florence MacKenzie Liddell**

* it is not clear whether these nurses married after returning to Canada
** these nurses were also mishkids
note: Anglican nurse Susie Kelsey was also included in this study for her role with NCM nurses

MISSIONARY NURSE EDUCATION

WMS Nurses

WMS Nurses	Education	Site	Grad Date	Diploma/ Certificate	Date of Arrival in China	Language Study
Harriet R Sutherland	Training School for Nurses	Toronto	?	RN	1888	?
Jennie Graham	Training School for Nurses	Toronto	?	RN	1889	Yes
Margaret Macintosh	Training School for Nurses	Toronto	1889	RN	1889	Yes
Margaret Gay	Deaconess VGH	Toronto Vancouver	1910 1926	Missionary training RN	1910	Yes
ME Maisie McNeeley	Nurses Training	?	?	RN	1914	Yes
Mrs Jeanette Ratcliffe	Nurses Training "TGH" Cheeloo U	? Toronto China	? 1917 1918	RN "post-grad course"	1916	Yes
Janet L Brydon	Education Victoria Hospital Deaconess	Kingston London Toronto	? 1910 ?	Teacher's certificate RN Missionary training	1917	Yes
Margaret Mitchell	?	?Scotland	?	RN	1916	?
Isabel Leslie	?	?	?	RN	1920	?
Eleanor Galbraith	Rhode Is. Hosp Deaconess	Rhode Island Toronto	? ?	RN Missionary training	1920	Yes
Margaret M Straith	WGH	Winnipeg	1919	RN	1921	Yes
L Clara Preston	Royal Victoria McGill U UWO UWO	Montreal Montreal London London	1922 1928 1931 1938	RN Nursing Education Hospital Admin Public Health	1922	Yes
Jean Menzies	TGH	Toronto	1922	RN	1923	Yes
Coral Brodie	TGH Deaconess Cleveland Clinic U of Toronto	Toronto	1921 1922 1927 1936	RN Missionary training ? Public Health	1923	Yes
Georgina Menzies	TGH	Toronto	1929	RN	1931	Yes
Allegra Doyle	TGH	Toronto	1929	RN	1931	Yes
Mary Boyd	U Toronto TGH	Toronto Toronto	? ?	BA RN	1939	Yes
Dorothy Boyd	U Toronto	Toronto	1938	Public Health	1939	?
[ML Hargrave]*	?	?	? ?	RN BA	-	-
Elizabeth	TGH	Toronto	1935	RN	1939	Yes

Thomson	U of Toronto	Toronto	1938	Hospital Admin		
Helen Turner	TGH U Toronto	Toronto Toronto	1941 1944	RN Public Health	1947	Yes
Margaret Hossie	Woman's College Hospital	?	?	RN	1947	?

*resigned before coming to China

Married Nurses

Missionary wives with nurses training	Education	Site	Grad Date	Diploma/ Certificate	Date of Arrival in China	Language Study
Christina *Malcolm*	?	Guelph	?	RN	1892	?
Mrs *Netterfield*	?	?	?	RN	1922	?
M *Roulston*	?	?	?	RN	1926	?
Marion *Faris*	UBC	Vancouver	1923	BScN	1925	?
Amy *McClure**	TGH	Toronto	?	Not completed	1925	?
Florence *Liddel*	TGH	Toronto	?	RN	1934	?
Harriet *Alexander*	?	?	?	RN	1946	?
Dorothy *MacKenzie*	?	?	?	RN	1945	?
Mrs. *MacKindley***	?	?	?	RN	1931	?

* Amy McClure was married to Dr. Robert McClure. She completed 2 of 3 years at TGH
** Mrs. MacKindley volunteered with her husband for two years

Other

Florence MacKenzie *Liddell*	?	North Honan	NCM Missionary (Hugh & Agnes MacKenzie)	1934-1939	5
Dorothy Lochead	?	North Honan	NCM Missionary (Arthur & Jessie Lochead)	1945-1950?	5

APPENDIX 8

SUMMARY OF 1947 CONFIDENTIAL REPORT

Summarized from "Conditions in North Honan" Kaifeng, 1 June 1947.

1) Pastor Niu, an elderly classical scholar, evangelist and pastor, died in prison.
2) Pastor Peter Wang was accused of not being a productive worker, and was dragged behind a rope by a crowd around his village until "the flesh of his body was torn and lacerated." Pastor Wang's sister was coerced to confess that Pastor Wang forced her to become a Nationalist spy – a charge that would bring a death sentence. The sister escaped without knowing the outcome for her brother.
3) Elder Chiao was charged in a mob trial with having a son in the Nationalist army. He was barely alive after being dragged three times; his grandson crushed his skull with a large stone to "bring his sufferings to a speedy end."
4) The wife of Pastor Liu of Changte was dragged for being the wife of a Church treasurer, then placed under house arrest for two months. She later escaped to Changte city.
5) Evangelist Lei of Hwaiking was arrested without trial and shot.
6) Evangelist Li Hung Chung accompanied "two missionary doctors" (McClure and Allen) on visits to see three church premises. Shortly afterward the Communists arrested over one hundred men, including twenty-six who had been in contact with the doctors. Some who escaped reported that Li and sixteen others were "liquidated"
7) Pastor Chang Hsin Shu of Hwahsien was reportedly killed through "cruel torture", but a penciled in footnote reads "Later, Pastor Chang is well at Sinhsiang"
8) One pregnant woman was killed, then her unborn child was "taken from her" and "dashed to pieces on the hard ground."
9) Deacon Liu Hsing Yung escaped with his son (and later joined by his daughter) to Changte from a nearby village. His wife was robbed of her family possessions and forced to live in a wrecked temple property and beg.

10) Elder Chung Hsueh En was put on trial, but was supported by nine men. These nine were later arrested, tied, hung from a tree and beaten with a bamboo stick. Chung was then arrested and fined 300,000 lbs of grain, which bankrupted him. Later his son was arrested, but escaped; both fled to Changte as refugees. The younger sister was later killed by strangulation and the mother dragged to her death.

11) Che'eng Tao Shen of T'ai Pao (outside of Changte) was a Nationalist military official. He was captured by the Communists, placed in a cauldron of boiling water and drowned ("white boil"). In a "red boil" arms and legs are taken off, then the body is placed in a boiling cauldron.

Authors of the report wrote,

> "These are but a selection from the many gruesome stories that are current. Those here recorded have come from original sources and we have been careful to restrain from overstatement. They are not given for propaganda purposes but to indicate the general conditions of life under Communist rule."[1]

---

[1] "Conditions in North Honan" Kaifeng, 1 June 1947.*UCCVUA 83.045C Box 12 File 213*. Only three copies of this report were made. They were neither circulated nor published.